** 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)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. Tax year beginning JUL 1, 2015 and ending JUN 30.

Inspection

ΑΙ	For the	e 2015 calendar year, or tax year beginning $$ JUL $1,$ 2015 and ending	<u>J</u> UN 30, 2016	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres	MINNESOTA LAND TRUST		
	Name change	Doing business as	41-1	713652
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/st 2356 UNIVERSITY AVE WEST 240		r 647-9590
	termin ated		G Gross receipts \$	4,355,235.
	Ameno	SAINT PAUL, MN 55114	H(a) Is this a group re	
	Applic			? Yes X No
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 1		list. (see instructions)
		e: WWW.MNLAND.ORG	H(c) Group exemptio	
K	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1991 N	State of legal domicile: MN
Pa		Summary		
Ф	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
anc	l .			
Activities & Governance		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n		
Š		Number of voting members of the governing body (Part VI, line 1a)		21
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		21
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		18
ΞΞ		Total number of volunteers (estimate if necessary)		130
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
		Ocatile tions and awarts (Dect.) (III. line 41s)	Prior Year 3,450,803.	Current Year 4,178,227.
ine		Contributions and grants (Part VIII, line 1h)	218,238.	8,706.
Revenue		Program service revenue (Part VIII, line 2g)	156,687.	133,157.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,359.	22,756.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,844,087.	4,342,846.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,314.	54,292.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,075,401.	1,277,534.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 234,157.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,320,903.	2,933,627.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,431,618.	4,265,453.
	19	Revenue less expenses. Subtract line 18 from line 12	412,469.	77,393.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	5,048,086.	5,040,985.
t As	21	Total liabilities (Part X, line 26)	92,065.	119,890.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,956,021.	4,921,095.
	art II	Signature Block		
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	
0:		Signature of officer	Date	
Sig		KRIS WILLIAM LARSON, EXECUTIVE DIRECTOR	Dato	
Hei	e	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date	PTIN
Pai	d	ASHLEY C. REHN, CPA ASHLEY C. REHN, CPA	i concor	
	parer	Firm's name REDPATH AND COMPANY, LTD.	Firm's EIN	41-0975573
	Only	Firm's address 4810 WHITE BEAR PARKWAY	TIIII 3 LIN	
	.,	WHITE BEAR LAKE, MN 55110	Phone no. (6	51)426-7000
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Form **990** (2015)

4e

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

3,796,101.

Form 990 (2015) MINNESOTA LA Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	72	
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40,		Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2015) MINNESOTA LAND TRU Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEh		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 22
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) MINNESOTA LAND TRUST Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Price Seco		Check if Schedule O contains a response of note to any line in this part v					
be Enter the number of Forms W2G included in line 1a. Enter 9-if not applicable						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (aga brilling) winnings to prize winners? 2a 1.8 If all east one is reported on line 2, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1 000 or more during the year? 3a X If Yes, "has it filed a Form 980-T for this year? If 'No, 10 line 3b, provide an explanation in Schedule O 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 accountry? 4a X If 'Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? 4a X If 'Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization and party to a prohibited tax shelter transaction? 5c Was the organization have a rountly gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 5c If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes," did the organization include with every solicitation and express transmit and such contributions or gifts were not tax deductible? 6c If Yes, "idea the number of Forms 8282 filed during the year 6c If Yes," idea the organization selection of the value			_				
(agambling) winnings to prize winnors? Ear Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return It is least one is reported on line 2a, did the organization line all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-/6e (see instructions) By If Yee, 'is sum of lines 1 and 2a is greater than 250, you may be required to e-/6e (see instructions) By If Yee, 'is sum of lines 1 and 26 is greater than 250, you may be required to e-/6e (see instructions) By If Yee, 'is sum of lines 1 and 26 is greater than 250, you may be required to e-/6e (see instructions) By If Yee, 'is sum of lines 1 and 26 is greater than 250, you may be required to e-/6e (see instructions) By If Yee, 's and the department of the comparization have an interest in, or a signature or other authority over, a financial account; or other							
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B Did the organization have unretated business gross income of \$1,000 or more during the year? 3a X If Yes, *Inst Itilised a Form 990-T for this year? If *No,* *To line 3b, provide an explanation in Schedule C a file and 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; or foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax scheder transaction at any time during the tax year? 5b Lif Yes, * to line 6a of 5b, did the organization file Form 8886-T? 6c I Yes, * to line 6a of 5b, did the organization file Form 8886-T? 6d 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 charitatele contributions? 6a I Yes, * did the organization include with every solicitation an exposers statement that such contributions or gifts were not tax deductible? 7 Organization statement include with every solicitation an exposers statement that such contributions or gifts were not tax deductible or organization such as a party of the organization include with every solicitation an exposers statement that such contributions or gifts were not tax deductible? 7 Organization statement include with every solicitation an exposers solicitation as exposers to the property of the property for which it was required	С						
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 accountity over, a financial account in a foreign country such as a bank account, securities account, or other financial accountity 4a X b If "Yes," enter the name of the foreign country. ▶ 5a Was the organization and the foreign country. ▶ 5a Was the organization set in the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," or in 5a for 5b, did the organization file Form 88867? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions? 5c If "Yes," or in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c Organizations that may receive deductible as charitable contributions and party for goods and services provided to the payor? 5c Organizations that may receive deductible as charitable contribution and party for goods and services provided to the payor? 5c If "Yes," did the organization necess of \$75 made party as contribution and party for goods and services provided to the payor? 5c If "Yes," did the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8892? 5c If "Yes," did the organization was payment in excess of \$75 made party is a contribution and party f						37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 4c 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 accounts?) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization part to a prohibited tax shelter transaction? So Was the organization or 5b, did the organization file Form 8886-17 Bo Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization stat were not tax deductible as charitable contributions? Bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization stat may receive deductible contributions under section 170(c). Did the organization include with every solicitations under section 170(c). Did the organization neceive a payment in excess of \$75 made partly as a contribution of property for which it was required to file Form 8282? If If "Yes," indicate the number of Forms 8282 filed during the year Did the organization neceive a payment will be during the year Did the organization received a contribution of understoy, to pay premiums on a personal benefit contract? To If the organization neceived a contribution of understoy, to pay premiums on a personal benefit contract? To If the organization neceived a contribution of understoy, to pay premiums on a personal benefit contract? To If the organization received a contribution of understoy, to pay premiums on a personal benefit contrac	b				2b		
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4a Al 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization have tax shelter transaction? 5a							
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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. 13b 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 13c 14a X			1112	I			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b It will be section 501(c)(29) qualified nonprofit health insurance issuers. 13a It he organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b It he organization is licensed to issue qualified health plans 13b It he amount of reserves on hand 13c It had 14a It he organization receive any payments for indoor tanning services during the tax year? 14a It had 15c It			Ha				
12a 12a 12a 12a 12a 12a 12a	D		11h				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X	12a			7	12a		
I3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X			1	İ	124		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X							
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 c Enter the amount of reserves on hand 13c 14a X					13a		
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 c Enter the amount of reserves on hand 13c 14a X		-					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
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, or 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 651-647-9590			
	2356 UNIVERSITY AVE WEST, NO. 240, SAINT PAUL, MN 55114			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title Average hours per week (list any) (B) Average hours per week (list any) (C) Position Reportable compensation from from related organizations	(F) Estimated amount of other compensation
hours per box, unless person is both an compensation compensation week officer and a director/trustee) from from related	other compensation
week iron iron related	compensation
	•
hours for by g organization (W-2/1099-MISC)	from the
related $\frac{5}{2}$ $\frac{12}{2}$ (W-2/1099-MISC) `	organization
organizations I I	and related
(list any hours for related organizations below line) line) (list any hours for related organizations below line)	organizations
line)	
CHAIR X X X 0.	0.
(2) JOHN SHARDLOW 1.00	
VICE-CHAIR X X X 0.	0.
(3) BRAD WALLIN 1.00	
VICE-CHAIR X X X 0.	0.
(4) BRAD FULLER 1.00	
SECRETARY X X 0.	0.
(5) WOOD KIDNER 1.00	
TREASURER X X 0.	0.
(6) KURT APFELBACHER 1.00	
BOARD MEMBER X 0.	0.
(7) BOB BUSH 1.00	
BOARD MEMBER X 0.	0.
(8) TIM EDMAN 1.00	
BOARD MEMBER X 0. 0.	0.
(9) NICHLAS EMMONS 1.00	•
BOARD MEMBER X 0. 0.	0.
(10) TED ERICKSON 1.00	0
BOARD MEMBER X 0. 0.	0.
(11) BRENT FRAZIER 1.00	0
BOARD MEMBER X 0. 0. (12) WOLFGAN GREINER 1.00	0.
(12) WOLFGAN GREINER BOARD MEMBER 1.00 X 0.	0.
(13) LOREN HANSEN 1.00	
BOARD MEMBER X 0.	0.
(14) JEFF HAYWARD 1.00	
BOARD MEMBER X 0.	0.
(15) SUSAN HEEGAARD 1.00	
BOARD MEMBER X 0.	0.
(16) PATRICK HYNES 1.00	
BOARD MEMBER X 0.	0.
(17) CAROLYN KOHRS 1.00	
BOARD MEMBER X 0.	0.

Form 990 (2015) MINNESO'I									41-1713	652	Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box offic	not c		ition more rson	l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount o other	of
	(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)	organizations (W-2/1099-MISC)	fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) ALEXIS LUDWIG-VOGEN	1.00							0	_			^
BOARD MEMBER	1 00	Х						0.	0.			0
(19) WILLIE RAHR BOARD MEMBER	1.00	х						0.	0.			0
(20) KELLY SCANLAN	1.00											_
BOARD MEMBER		Х						0.	0.			0
(21) JAMES STARK	1.00											_
BOARD MEMBER	1 00	Х						0.	0.			0
(22) DUNN YOSHITANI	1.00											_
BOARD MEMBER	<u> </u>	Х				_	lacksquare	0.	0.	<u> </u>		0
(23) KRIS WILLIAM LARSON	50.00	-		,,				104 000			o 1	^ ^
EXCUTIVE DIRECTOR				X				104,988.	0.		2,1	
		-										
1b Sub-total	1							104,988.	0.		2,1	00
c Total from continuation sheets to Part								0.	0.			0
d Total (add lines 1b and 1c)								104,988.	0.		2,1	00
Total number of individuals (including but									0,000 of reportable			
compensation from the organization												
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization	4		Х
5 Did												

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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

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

(A) Name and business address	(B) Description of services	(C) Compensation
VEIT & COMPANY 1400 VEIT PLACE, ROGERS, MN 55375	CONTRACTOR FOR CHAMBER'S GROVE REST	934,535.
2 Total number of independent contractors (including but not limited to those lists	ad above) who received more than	

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 (20		MINNESC
Part VIII	Statement	t of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c	131,044.				
	d	Related organizations	1d					
imi		Government grants (contributi	ons) 1e 3 ,	184,390.				
tions, er Sim	f	All other contributions, gifts, grant	s, and					
the		similar amounts not included above	/e 1f	862,793.				
d d	g	Noncash contributions included in lines	1a-1f: \$	159,502.				
<u>ම</u> දි	h	Total. Add lines 1a-1f		>	4,178,227.			
				Business Code				
eg	2 a	FEES FOR SERVIC	E	531390	8,706.	8,706.		
Program Service Revenue	b							
Se una	С							
ran ev	d							
0 F	е							
ď	f	All other program service reve	nue					
\Box	g	Total. Add lines 2a-2f			8,706.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			133,157.			133,157.
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties		1				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	1						
	С	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·····				
enne	8 a	Gross income from fundraising including \$ 131,0	g events (not 44 of					
ev		contributions reported on line						
Other Reven		Part IV, line 18		35,145.				
ŧ.		Less: direct expenses		12,389.	00 756			00 556
		Net income or (loss) from fund		_	22,756.			22,756.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales		1				
ŀ	4.4	Miscellaneous Revenue		Business Code				
	11 a			<u> </u>				
	b			-				
	C	All abla an management		-				
		All other revenue						
		Total Add lines 11a-11d			4,342,846.	8,706.	0.	155,913.
	12	Total revenue. See instructions.			[=,J=4,U=U•]	0,/00•	0.	,

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	24 202	24 202		
	and domestic governments. See Part IV, line 21	34,292.	34,292.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	109,467.	96,331.	5,473.	7,663.
6	Compensation not included above, to disqualified	,	,	-,,	,
Ū	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	947,170.	703,578.	108,058.	135,534.
7	Other salaries and wages	J#1,110•	103,370.	100,030.	100,004.
8	Pension plan accruals and contributions (include	14 600	10 204	1 600	2 626
	section 401(k) and 403(b) employer contributions)	14,602.	10,294.	1,682.	2,626. 12,678.
9	Other employee benefits	127,234.	102,831.	11,725.	12,6/8.
10	Payroll taxes	79,061.	59,647.	8,512.	10,902.
11	Fees for services (non-employees):				
а	Management				
b					
С	Accounting	16,720.		16,720.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
ฮ	column (A) amount, list line 11g expenses on Sch 0.)	12,122.	9,241.	922.	1,959.
12	Advertising and promotion	855.	642.	68.	1,959. 145.
13	Office expenses	129,120.	72,735.	18,813.	37,572.
14		,	, ,		J., J. 24
	Information technology				
15	Royalties	98,148.	73,611.	7,852.	16,685.
16	Occupancy	61,106.	54,565.	1,912.	4,629.
17	Travel	01,100.	J#, J0J.	1,714.	4,043.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 0 0 1	1 000	1 211	1 404
19	Conferences, conventions, and meetings	9,861.	4,066.	4,311.	1,484.
20	Interest				
21	Payments to affiliates	4 222	4 440	4.50	
22	Depreciation, depletion, and amortization	1,880.	1,410.	150.	320.
23	Insurance	31,673.		31,673.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROJECT EXPENSES	1,329,920.	1,329,920.		
b	EASEMENT ACQ	1,216,250.	1,216,250.		
С	MEMBERSHIPS, DUES, LICE	4,658.	3,122.	300.	1,236.
d		-	-		-
e	All other expenses	21,314.	3,566.	17,024.	724.
25	Total functional expenses. Add lines 1 through 24e	4,265,453.	3,796,101.	235,195.	234,157.
26	Joint costs. Complete this line only if the organization	,,	.,,	,	,
20	reported in column (B) joint costs from a combined				
	. , , .				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015)
62201	0.39.36.16				

Form 990 (2015)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	1 Cash - non-interest-bearing			131,611.	1	195,623.
	2				44,963.	2	44,965.
	3	Pledges and grants receivable, net			217,600.	3	222,100.
	4	Accounts receivable, net			264,031.	4	458,968.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
ţ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		_		7	
ğ	8	Inventories for sale or use				8	
	9				19,167.	9	19,664.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	354,498.			
	b	Less: accumulated depreciation		38,690.	171,950.	10c	315,808.
	11	Investments - publicly traded securities			4,198,764.	11	3,783,857.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			5,048,086.	16	5,040,985.
	17	Accounts payable and accrued expenses	92,065.	17	119,890.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			02 065	25	110 000
	26	Total liabilities. Add lines 17 through 25			92,065.	26	119,890.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			1,092,463.	07	798,303.
an	27	Unrestricted net assets			3,647,351.	27	3,906,585.
Ba	28	Temporarily restricted net assets			216,207.	28	216,207.
pur	29			\ abaak bara \	210,207•	29	210,207.
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here			
<u>s</u>	20	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				32	
Ne	32				4,956,021.	33	4,921,095.
	34	Total liabilities and net assets/fund balances			5,048,086.	34	5,040,985.
	J 34	Total liabilities and net assets/fund balances			3,040,000.	J4	J 10 ± 0 1 J 0 J •

 Total revenu Total expens Revenue les Net assets of 	e (must equal Part VIII, column (A), line 12) ses (must equal Part IX, column (A), line 25) s expenses. Subtract line 2 from line 1 or fund balances at beginning of year (must equal Part X, line 33, column (A)) ed gains (losses) on investments	1 2 3 4	4,34		
2 Total expens3 Revenue les4 Net assets of	ses (must equal Part IX, column (A), line 25) s expenses. Subtract line 2 from line 1 or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 4	4,26 7	5,4	
2 Total expens3 Revenue les4 Net assets of	ses (must equal Part IX, column (A), line 25) s expenses. Subtract line 2 from line 1 or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 4	4,26 7	5,4	
3 Revenue les4 Net assets of	s expenses. Subtract line 2 from line 1	3 4	7		53.
4 Net assets of	r fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,3	
		-	4,95		
	ed gains (losses) on investments				
5 Net unrealize		5	-11	2,3	19.
6 Donated ser	vices and use of facilities	6			
7 Investment	expenses	7			
8 Prior period	adjustments	8			
9 Other chang	es in net assets or fund balances (explain in Schedule O)	9			0.
	r fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
column (B))		10	4,92	1,0	95.
Part XII Fina	ncial Statements and Reporting				
Check	if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Accounting	method used to prepare the Form 990: Cash X Accrual Other				
If the organi	zation changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a Were the or	ganization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yes," che	ck a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
separate ba	sis, consolidated basis, or both:				
Separ	ate basis Consolidated basis Both consolidated and separate basis				
b Were the or	ganization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," che	ck a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
consolidated	basis, or both:				
X Separ	ate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to lin	ne 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	ne audit,			
review, or co	empilation of its financial statements and selection of an independent accountant?		2c	X	
If the organi	zation changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a As a result of	f a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
Act and OM	B Circular A-133?		3a		X
b If "Yes," did	the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
or audits, ex	plain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1713652

Name of the organization

MINNESOTA LAND TRUST

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
he	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)			_
1	Ň	•	,		•	•	D(A)(i).		
2	Ħ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	H			•			::\		
3	H	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d 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 owne	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma			•	contributio	ons, membership fees, a	and gross receipts from	
		activities related to its exen							
		income and unrelated busin							٠
		See section 509(a)(2). (Con		(ICSS SCOTIOTTOTT TEXT) II	OIII DUSIIIC	oscs acqu	inca by the organization	arter burie 60, 1576.	
10				ively to test for public of	ofaty Saa	coction EC)O(a)(4)		
	\blacksquare	An organization organized	•	*	-				
11		An organization organized	•	· ·	•		•		
		more publicly supported or						check the box in	
		lines 11a through 11d that				•			
а		Type I. A supporting orga	•	•					
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	iving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV. Se	ections A.	D. and E.		
d		Type III non-functionally		•				zation(s)	
		that is not functionally int							
		requirement (see instruct	-		-				
۵		Check this box if the orga	·						
·		functionally integrated, or					r rype i, rype ii, rype iii		
4	Ento	er the number of supported of							-
		ride the following information							-
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	-
	•	organization		(described on lines 1-9		in your	support (see	other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
					1.00	110			_
									-
									_
									_
									_
									_

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,457,460.	2,710,063.	2,290,440.	3,450,803.	4,178,227.	14,086,993.
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	1,457,460.	2,710,063.	2,290,440.	3,450,803.	4,178,227.	14,086,993.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						14,086,993.
	ction B. Total Support	1			г	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,457,460.	2,710,063.	2,290,440.	3,450,803.	4,178,227.	14,086,993.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	71 052	F0 007	140 402	156 607	122 157	FC0 C17
	and income from similar sources	71,053.	59,227.	148,493.	156,687.	133,157.	568,617.
9	Net income from unrelated business						
	activities, whether or not the		6,701.	13,338.	18,359.	22,756.	61,154.
	business is regularly carried on		0,701.	13,330.	10,339.	44,750.	01,134.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						14 716 764
	Total support. Add lines 7 through 10		,			40	14,716,764. 386,197.
12	Gross receipts from related activities,			- f		12	300,197.
13	First five years. If the Form 990 is for					n 50 i (c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				
	Public support percentage for 2015 (column (f))		14	95.72 %
15	Public support percentage from 2014					15	95.40 %
	33 1/3% support test - 2015. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	•		•		•	X
b	33 1/3% support test - 2014. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	J					*
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s

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

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

Calendar year (or fiscal year beginning in) 1	Se	ction A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feer received. (Do not include any "unusual grants.") 2 Gross receipts from activities, many contributions, murchandise sold or services per formed, or facilities turnished 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 level for the organization is benefit and either paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on its chall surpose in the paid to re-expended on the paid to re-expended on its chall surpose in the paid to re-expended on the paid to			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
membarship feas received. (Do not include any "unusual grants") 2 Gross receipts from a dimissions, membarship send or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from a dimissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf or organization without change of the organization without change of Total. Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·	(4) 2011	(2) 2312	(6) 2010	(4) 2011	(0) 2010	(i) rotal
include any 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is take exempt purpose 3 Gross receipts from admissions, and the provided of the organization is take exempt purpose. 3 Gross receipts from admissions is take exempt purpose. 3 Gross receipts from admission is take exempt purpose. 4 Tax revenues levels for the organization is take exempt purpose. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7 A mounts included on lines 1.2, and 3 received from disqualified persons but acceed the greater of slouder with or the exemption of the provided from the sealed from the sea	·	, , , , , , , , , , , , , , , , , , , ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization is 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 tax-exempt and the paid to or expended on its behalf or expended on its interest or expended on its behalf or expended on its interest or expended on its expended on		·						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is take-exempt purpose of a construction of the co	2	· · · · · · · · · · · · · · · · · · ·						
any activity that is related to the organization is 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 is 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 of services or facilities furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 through 5	_							
organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Actol lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Anemire included on lines 1, 2, and 3 received from disqualified persons b Anemire included on lines 1, 2, and 3 received from disqualified persons b Anemire include on lines 2 and 3 exceeded from other than disqualified person but exceed the gradient of 18,000 or 18 of the amount or lines 1 to 18 the year c Add lines 7 and 70 8 Public support. (sparijuta/tes line) Section B, Total Support Calendar year (or fiscal year beginning in) b 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on socurities loans, rents, revalities and income from similar sources b Unrelated husiness taxible income (less section 11 taxes) from businesses acquired after, June 30, 1975 c Add lines 10 and 10b 1 Net income from the sale of capital assets (Explain in Part VI) 1 Total support 1 Total support percentage for 2015 (line 1, counting if with the county of the public support percentage for 2015 (line 1, counting if with the public support percentage for 2015 (line 1, counting if with dividends, part of the sale of capital assets (Explain in Part VI) 1 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 1 Public support percentage form 2014 Schedule A, Part III, line 15 16 18 19 19 Sction D. Computation of Investment Income Percentage 10 Investment income percentage form 2014 Schedule A, Part III, line 15 19 Sction D. Computation of lines as the box on line 14, and line 16 is more								
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L							
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	20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2015

Par	t IV	Supporting Organizations (continued)			
		(Charles)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			-110
•		urly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sac		C. Type II Supporting Organizations			
<u> </u>	LIOIT	7. Type ii oupporting Organizations		Yes	No
4	Moro	a majority of the avantization's divertors by twistons duving the tay year also a majority of the divertors		162	NO
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
800		pported organization(s). D. All Type III Supporting Organizations	1		
360	LIOII L	5. All Type III Supporting Organizations		Yes	No
4	Did +b	a avapoination provide to each of its supported avapoinations, by the last day of the fifth month of the		res	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		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	4		
•		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			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800		orted organizations played in this regard.	3		
		E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		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			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	6.		
_		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its	supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	y-integr	ated Type III supporting org	ganization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		i	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a	Excess distributions surrysver, it arry, to 2010.			
b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
7 411 71	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

MINNESOTA LAND TRUST

41-1713652

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 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				
	, ,	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 Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from for during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

MINNESOTA LAND TRUST

41-1713652

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$3,184,390.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>115,630.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 125,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
140.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

MINNESOTA LAND TRUST

41-1713652

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	33.72 FORESTED ACRES IN ITASCA COUNTY & BIG FORK 21 FORESTED ACRES IN KOOCHICHING COUNTY	\$15,630 .	_12/10/15_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	JUDD LAKE (BRANDENBURG PROPERTY 246 ACRES IN LAKE COUNTY	\$ <u>125,000.</u>	04/19/16
(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
523453 10-26		\$Schodulo B (Form	990. 990-EZ or 990-PF) (2015)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

MINNESOTA LAND TRUST

41-1713652

Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo lowing line entry. For organizations
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 on all space is needed.	or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— ·			
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, al	.,	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizate	tions: Complete Part III			
Name of organization	lions. Complete Part III.		Emp	oloyer identification number
MINNESO	TA LAND TRUST			41-1713652
Part I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours			> :	\$
Part I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	anization is exempt und	lor coation E01(a)	avaant sastian FO1	(0)(2)
·	•		•	
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If 	ization's funds contributed to of Add lines 1 and 2. Enter here a	ther organizations for s and on Form 1120-POL IN) of all section 527 p id from the filing organ a separate political org	ection 527 -, olitical organizations to whitization's funds. Also enter toganization, such as a separation.	\$ Yes No ich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	290,025.	266,903.	321,581.	363,273.	1,241,782.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,862,673.
c Total lobbying expenditures	6,918.	4,003.	3,771.	400.	15,092.
d Grassroots nontaxable amount	72,506.	66,726.	80,395.	90,818.	310,445.
e Grassroots ceiling amount (150% of line 2d, column (e))					465,668.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 MINNESOTA LAND TRUST 41-1713652 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)).

 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	Yes			
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)?		No	Amo	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on 501(c)(5), or se	ection	
501(c)(6).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	103	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization make only invidual lobbying expenditures of \$2,000 on less: Did the organization agree to carry over lobbying and political expenditures from the prior year?				-
answered "Yes."				•
1 Dues, assessments and similar amounts from members		1		
,	cal	1		
	cal	1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year 		2a		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year 		2a 2b		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 		2a 2b 2c		ne 3,
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 		2a 2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	cess	2a 2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 	cess	2a 2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 	cess	2a 2b 2c 3		

SCHEDULE D (Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MINNESOTA LAND TRUST

Employer identification number 41-1713652

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	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	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	X Preservation of land for public use (e.g., recreation or e		torically important land area
	X Protection of natural habitat		tified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 493
b	Total acreage restricted by conservation easements		40 (21 00
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year 4	, , ,	
4	Number of states where property subject to conservation ea	sement is located > 2	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶ 2084		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$ 546,575.		5 .
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:	·	Ţ
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Accepte in all related in Forms 000. Don't V		

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	r Othe	r Simila	ar Asse	ts (continue	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t are a si	gnificant	use of its	collection it	ems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exen	npt purpo	ose in Parl	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "	Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	· ·							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not i	included		, ,	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year					. 1e			
	Ending balance					. 1f		1	
	Did the organization include an amount on Fo		·			ty?	L	」Yes	No
_	If "Yes," explain the arrangement in Part XIII.					-		L	
Par	t V Endowment Funds. Complete if							_	
	-	(a) Current year	(b) Prior year	(c) Two year	'	, ,	ears back	(e) Four yea	
	Beginning of year balance	4,067,945.	4,135,814.		,180.		68,696.		7,814.
	Contributions	281,685.	322,950.		,406.		43,557.		1,348.
	Net investment earnings, gains, and losses	18,839.	59,300.	495	,862.	3	91,927.	- 6	9,514.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	454,280.	450,119.	205	,634.	1	79,000.	14	0,952.
	Administrative expenses								
g	End of year balance	3,914,189.	4,067,945.		,814.	3,4	25,180.	3,06	8,696.
2	Provide the estimated percentage of the curr			i)) held as:					
	Board designated or quasi-endowment	10.00	_%						
	Permanent endowment ► 5.00	- %							
С	Temporarily restricted endowment ▶ 8								
_	The percentages on lines 2a, 2b, and 2c short	·							
За	Are there endowment funds not in the posse .	ssion of the organiza	ition that are held a	nd administe	red for th	ne organiz	zation		
	by:							Ye	s No X
	(i) unrelated organizations								X
	(ii) related organizations								 ^
D 4	If "Yes" on line 3a(ii), are the related organiza							3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.						
ı aı	Complete if the organization answered		Part IV line 11a S	00 Form 000	Part V	lino 10			
	Description of property	(a) Cost or ot	i	1		cumulate	d I	(d) Book va	aluo
	Description of property	basis (investm			٠,	reciation	eu	(u) BOOK Va	alue
10	Land	`	,	0,659.	аср	reciation		310	659.
	Land			0,000.				510,	337.
	Buildings Leasehold improvements								
			1 1	3,839.		38,6	90.	5	149.
	EquipmentOther			2,000.		50,0		٠, ر	
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)				315.	808.

	(Form 990) 2015	MINNESOTA		TRUST			41-1713652	Page 3
Part VII	Investments -	Other Securities.						
	Complete if the or	ganization answered "Ye	es" on For	m 990, Part I\	/, line 11b. See Form 990, Part	X, line 12.		

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•	

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Sche	edule D (Form 990) 2015 MINNESOTA LAND TRUST	41-	1713652 Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	١.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	4,230,527
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· - '	1,200,027
a			
	Donated services and use of facilities 2b	4	
b		\dashv	
q	1 / 3	\dashv	
d		ا ۵۰	-112,319
e	Add lines 2a through 2d	•	4,342,846
3	Subtract line 2e from line 1	. 3	4,342,040
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	\dashv	
b	, , , , , , , , , , , , , , , , , , , ,		0
С	Add lines 4a and 4b		4 242 046
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,342,846
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Ketu	ırn.
_		1	4,265,453
1	Total expenses and losses per audited financial statements	· - '	4,205,455
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	\dashv	
C	Other losses 2c	_	
d			0
е	Add lines 2a through 2d		4 265 452
3	Subtract line 2e from line 1	. 3	4,265,453
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	0 .
5		. 5	4,265,453
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lin	ie 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAI	RT II, LINE 3:		
ROS	SE CITY (RUDD 2)- MODIFICATION CONSISTENT WITH CONSERVATI	ON P	URPOSE.
AM]	ENDMENT CLARIFIES SIZE AND LOCATION OF BUILDING ENVELOPE;	RED	UCES
SQI	JARE FOOTAGE OF PERMITTED STRUCTURES; CORRECTS AND CLARIF	'IES	
<u>A</u> GI	RICULTURAL USE AREAS; CORRECTLY DEFINES USE AREAS ON PROF	ERTY	MAP.
LII	NKERT FARM (LINKERT) - MODIFICATION CONSISTENT WITH CONSE	RVAT	ION

RUSHFORD SAND BARRENS (PETERSON) - TECHNICAL. CORRECTS MUTUAL MISTAKE RELATED TO BUILDING ENVELOPE LOCATION.

PURPOSE. AMENDMENT CLARIFIES EASEMENT TERMS AND FURTHER RESTRICTS

ZUMBRO RIVER (BAILEY) - TECHNICAL. PROPERTY MAP CORRECTION TO ACCURATELY

AGRICULTURAL USE.

PART II, LINE 5:

THE MINNESOTA LAND TRUST HAS EXTENSIVE POLICIES AND PROCEDURES COVERING ITS CONSERVATION EASEMENT STEWARDSHIP PROGRAM. THE ULTIMATE RESPONSIBILITY OF THE LAND TRUST'S CONSERVATION EASEMENT STEWARDSHIP PROGRAM IS TO PRESERVE THE CONSERVATION VALUES ASSOCIATED WITH EACH PROPERTY. THEREFORE, THE LAND TRUST IS PREPARED TO LEGALLY DEFEND AND ENFORCE ITS EASEMENTS WHEN NECESSARY. LEGAL ENFORCEMENT, HOWEVER, IS A REMEDY OF LAST RESORT. THE GOALS OF THE LAND TRUST'S EASEMENT STEWARDSHIP PROGRAM INCLUDE ENCOURAGING VOLUNTARY COMPLIANCE WHENEVER POSSIBLE, ESTABLISHING AND MAINTAINING GOOD RELATIONSHIPS WITH LANDOWNERS AND THE COMMUNITIES IN WHICH OUR EASEMENTS ARE LOCATED, DOCUMENTING THE CONDITION OF LANDS PROTECTED BY EACH EASEMENT AT THE TIME THE EASEMENT IS COMPLETED AND MONITORING THAT CONDITION OVER TIME, MAINTAINING ACCURATE RECORDS AND BEING EFFICIENT AND EFFECTIVE WITH THE USE OF FUNDS IN SUPPORTING STEWARDSHIP ACTIVITIES. COMPONENTS OF THE STEWARDSHIP PROGRAM INCLUDE: CREATING AN APPROPRIATE BASELINE PROPERTY REPORT, EASEMENT ADMINISTRATION, MONITORING, LANDOWNER RELATIONS, COMMUNITY RELATIONS AND EASEMENT ENFORCEMENT AND DEFENSE. THE LAND TRUST HAS SPECIFIC POLICIES AND PROCEDURES FOR EACH OF THESE COMPONENTS. AS ONE OF THE FIRST NATIONALLY ACCREDITED LAND TRUSTS IN THE COUNTRY, THESE POLICES AND PROCEDURES AND THEIR IMPLEMENTATION BY THE LAND TRUST HAVE PASSED LAND TRUST ACCREDITATION COMMISSION SCRUTINY. ALL CONSERVATION EASEMENTS ACCEPTED BY THE MINNESOTA LAND TRUST GRANT TO THE LAND TRUST EXPANSIVE RIGHTS TO ENTER, MONITOR AND INSPECT THE PROPERTY. ALL EASEMENTS ALSO PROVIDE COMPREHENSIVE ENFORCEMENT RIGHTS AND REMEDIES FOR THE LAND TRUST IN THE EVENT OF A VIOLATION AND DETAIL THE LIMITED CIRCUMSTANCES UNDER WHICH THE CONSERVATION EASEMENT COULD BE

Part XIII Supplemental Information (continued)

MODIFIED OR TERMINATED.

PART II, LINE 9:

CONSERVATION EASEMENTS ACCEPTED OR PURCHASED BY THE LAND TRUST ARE NOT

RECOGNIZED AS ASSETS OR REVENUES IN THE ACCOMPANYING FINANCIAL STATEMENTS

BECAUSE THE LAND TRUST DOES NOT HAVE FEE TITLE TO THE PROPERTIES AND THERE

ARE NO EXPECTED FUTURE ECONOMIC BENEFITS. IF PURCHASED, THE COSTS OF

CONSERVATION EASEMENTS ARE EXPENSED WHEN THE EASEMENTS ARE ACQUIRED.

PART V, LINE 4:

THE ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE LONG-TERM OPERATING SUPPORT FOR THE MINNESOTA LAND TRUST.

PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES THE LAND TRUST HAS NO UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

MINNESOTA LAND	TRUST				41-171365	2
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV						
			ds to substantiate the amount of its gr			v 🗀 u
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? [A]	Yes No
2 For grantmakers. Described States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
			an be duplicated if additional space is			1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA -						
CANADA AND MEXICO,			GRANTS TO RECIPIENTS			
NOT US	0	0	LOCATED IN REGION	LAND CONSER	RVATION	20,000.
3 a Sub-total	0	0				20,000.
b Total from continuation						
sheets to Part I	- 0	0				0.
c Totals (add lines 3a		Ι .				20.000

MINNESOTA LAND TRUST

Page 2

41-1713652

Schedule F (Form 990) 2015 MINNESOTA LAND TRUST

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

NORTH AND CONSERVATION 20,000, FRECK 00, CARDAN AND KARLOO, NOT US AND CONSERVATION 20,000, FRECK 00, CARDAN AND KARLOO, NOT US AND CONSERVATION CONTINUED AND CONSERVATION CARDAN AND CONSERVATION CONTINUED AND CONTINUED AND CONTINUED AND CONTINUED AND CARDAN AND CONTINUED AND CONTI	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
e foreign country, recognized as tax-exempt by			MERICA AND NOT US	LAND CONSERVATION	20,000.	снеск	0.		
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
e foreign country, recognized as tax-exempt by									
	number of for which t	recipient organization the grantee or counse	ns listed above that are el has provided a sectio	recognized as charities by the n 501(c)(3) equivalency letter	foreign country,	recognized as tax-e>	empt by		1
	number of	other organizations o	or entities				•	Sche	dule F (Form 990) 2015

41-1713652 MINNESOTA LAND TRUST

Page 3

Schedule F (Form 990) 2015 MINNESOTA LAND TRUST

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

					215
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2015
(g) Description of non-cash assistance					Sched
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 2: THE LAND TRUST MONITORS THE EXPENSES GRANTED FROM ITS RAINY LAKE FUND VIA SEVERAL MECHANISMS, INCLUDING ANNUAL IN-PERSON MEETINGS AND WRITTEN REPORTS FROM ENTITIES RECEIVING THE FUNDS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNESOTA LAND TRIET

Employer identification number

MININESO	TA DAMP INOSI				41 1/13	034	
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not	
 Indicate whether the organization raise a	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes		
(i) Name and address of individual or entity (fundraiser)	I have custody I have custom I hav						
		Yes	No				
otal							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, III les T al lu ob. List	events with gross receip	ots greater than \$5,000.		
			(a) Event #1 DINNER AND AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
d)			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	166,189.			166,189.		
	2	Less: Contributions	131,044.			131,044.		
	3	Gross income (line 1 minus line 2)	35,145.			35,145.		
	4	Cash prizes						
S	5	Noncash prizes	1,500.			1,500.		
xpense	6	Rent/facility costs	2,400.			2,400.		
Direct Expenses	7	Food and beverages	3,059.			3,059.		
	8	Entertainment	5,430.			5,430.		
	9	Other direct expenses				10.00		
		Direct expense summary. Add lines 4 through	. ,			12,389.		
Pa	11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		2000 Part IV line 10 or		22,756.		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1930,1 art 10, iiile 13, 01	reported more triain			
4)		ψ ,	(-) Discour	(b) Pull tabs/instant	(-) Other and a section	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
3eve								
	1	Gross revenue						
	_							
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes% No	Yes% No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
Ω	En	ter the etate(e) in which the organization condu	icte damina activitios:					
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:								
	_							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		

Sch	nedule G (Form 990 or 990-EZ) 2015 MINNESOTA LAND TRUST 41-	1713	652	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		.,	
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		Yes	└── No
	a The organization's facility	13a	l	%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sum_{\text{s},"} \text{ enter name and address of the third party:}			
•	in res, entername and address of the third party.			
	Name ►			
	Address			
16	Gaming manager information:			
	Name >			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9,	9b, 10)b, 15b,
	, , , , , , , , , , , , , , , , , , , ,			

Schedule 6	G (Form 990 or 990-EZ)	MINNESOTA LAND	TRUST	41-1713652 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>

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.

2015
Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2015) **2 Employer identification number** 41-1713652 (h) Purpose of grant PROJECT COORDINATON; POLICY & EDUCATION INITIATIVES REPORT or assistance RESILIENT RIVERS X Yes FRAMEWORK PLAN Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 21,000 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table MINNESOTA LAND TRUST 39-1805090 36-2478025 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1(a) Name and address of organization 211 S PATERSON STREET, SUITE 270 GATHERING WATERS CONSERVANCY or government NATURAL LAND INSTITUTE 320 SOUTH THIRD STREET Name of the organization ROCKFORD, IL 61104 MADISON, WI 53703 Partl Part II

Page 2

41-1713652

Schedule I (Form 990) (2015) MINNESOTA LAND TRUST

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information.		ORK WAS COMPLETED	MADE.	
(d) An			h (b), an		I. W	AS 1	
(c) Amount of cash grant			e 2, Part III, columr		BASIS; AI	PAYMENT WAS MADE.	
(b) Number of recipients					URSEMENT	BEFORE ANY	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	THE GRANTS WERE AWARDED ON A REIMBURSEMENT BASIS; ALL WORK WAS COMPLETED	AND DELIVERABLES WERE RECEIVED BE	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MINNESOTA LAND TRUST

Employer identification number 41-1713652

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		_	.s
	Art. Markov of ort		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3 4	Art - Fractional interests							
5	Books and publications							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5	18,872.	SELLING PRI	CE		
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 $_{\dots}$	X	13		N/A			
15	Real estate - Residential	X	3	140,630.	TAX ASSESSE	D V	ALU	E
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 27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	I ization durin	n the tay year for o	contributions				
	for which the organization completed Form 82						8	
		,, .		gee <u></u>			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	-			-			
	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	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	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 did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MINNESOTA LAND TRUST

Employer identification number 41-1713652

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MINNESOTA LAND TRUST PROTECTS AND RESTORES MINNESOTA'S MOST VITAL NATURAL LANDS IN ORDER TO PROVIDE WILDLIFE HABITAT, CLEAN WATER, OUTDOOR EXPERIENCES AND SCENIC BEAUTY FOR GENERATIONS TO COME. WE ACHIEVE THIS MISSION THROUGH OUR LAND CONSERVATION PROGRAM WHICH HAS THREE ELEMENTS: LAND PROTECTION TO CONSERVE MINNESOTA'S ICONIC LANDSCAPES, PRIMARILY THROUGH CONSERVATION EASEMENT; ECOLOGICAL RESTORATION TO IMPROVE THE STATE'S WILDLIFE HABITATS; AND PUBLIC ENGAGEMENT TO ENSURE THAT THE FUTURE GENERATIONS CAN EXPERIENCE AND SUPPORT CONSERVATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROTECTED 2,073 ACRES OF SIGNIFICANT NATURAL AND SCENIC LAND AND 90,026 FEET OF FRAGILE SHORELINE BY COMPLETING 13 NEW LAND PROTECTION PROJECTS THIS PAST FISCAL YEAR WHILE MANAGING, MONITORING AND ENFORCING ALL PREVIOUSLY COMPLETED EASEMENTS.

THIS BRINGS THE TOTAL NUMBER OF LAND PROTECTION PROJECTS COMPLETED BY THE LAND TRUST TO 509, PROTECTING 48,450 ACRES OF SIGNIFICANT LAND AND 1,385,762 OF SHORELINE.

IN ADDITION, WE COMPLETED SEVERAL ECOLOGICAL RESTORATION PROJECTS IN THE ST. LOUIS RIVER ESTUARY AND ASSISTED THE CITY OF DULUTH IN ADVANCING THEIR ST. LOUIS RIVER COORIDOR RECREATION INIATIAVE, A NATIONALLY-RECOGNIZED EFFORT TO TRANSFORM THE CITY INTO AN OUTDOOR

Employer identification number 41-1713652

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION

AND ALL CHAIRS OF THE OTHER STANDING COMMITTEES. CURRENTLY THERE ARE SEVEN

MEMBERS OF EXECUTIVE COMMITTEE. ALL THE MEMBERS OF THE COMMITTEE ARE ON THE

FULL BOARD OF DIRECTORS. THE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF THE

BOARD, BUT THIS ROLE IS LIMITED TO URGENT ACTION WHICH NEEDS TO BE TAKEN ON

BEHALF OF THE ORGANIZATION IN BETWEEN THE BI-MONTHLY BOARD MEETINGS. ANY

ACTION TAKEN IS REVIEWED AT THE NEXT MEETING OF THE FULL BOARD OF DIRECTORS

AND THE FULL BOARD IS NOTIFIED IN ADVANCE OF ALL MEETINGS OF THE EXECUTIVE

COMMITTEE.

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

THE FINANCE MANAGER, EXECUTIVE DIRECTOR AND THE TREASURER OF THE BOARD OF DIRECTORS REVIEW THE DRAFT OF THE FORM 990. THE FORM 990 IS ALSO REVIEWED BY THE ENTIRE FINANCE COMMITTEE AND/OR THE EXECUTIVE COMMITTEE. AT THE EXECUTIVE DIRECTOR'S DISCRETION, ANY QUESTIONS OR CONCERNS MAY ALSO BE REVIEWED WITH OUTSIDE LEGAL COUNSEL. ANY REQUESTED OR REQUIRED CHANGES ARE THEN DISCUSSED WITH THE TAX PREPARER AND A DRAFT 990 IS REVIEWED BY THE FINANCE COMMITTEE. A COPY OF THE FINAL FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT. PRIOR TO FILING, THE FULL BOARD OF DIRECTORS ACCEPTS THE FORM 990 AND RELATED DOCUMENTS.

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

IN ADDITION TO ANNUALLY ASKING ALL BOARD MEMBERS AND STAFF TO DISCLOSE

POTENTIAL CONFLICTS IN WRITING, ALL MAJOR ORGANIZATIONAL TRANSACTIONS ARE

EVALUATED WITH RESPECT TO POTENTIAL CONFLICTS OF INTEREST. THE EXECUTIVE

DIRECTOR OR THE CHAIR OF THE BOARD ARE INVOLVED IN EVALUATING PROSPECTIVE

Name of the organization

MINNESOTA LAND TRUST

Employer identification number 41-1713652

POTENTIAL CONFLICTS AND DOCUMENTING DECISIONS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ALSO SERVES AS THE

PERSONNEL COMMITTEE OF THE BOARD WITH SPECIFIC RESPONSIBILITY TO EVALUATE

THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SET COMPENSATION FOR THE

EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS AVAILABLE DATA

REGARDING COMPENSATION OF SIMILAR POSITIONS IN SIMILAR SITUATIONS AND SETS

COMPENSATION ACCORDINGLY. ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE

ARE INDEPENDENT. DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN

THE MINUTES AND/OR IN THE PERSONNEL FILE OF THE EXECUTIVE DIRECTOR AS

APPROPRIATE. DECISIONS REGARDING THE EXECUTIVE DIRECTOR COMPENSATION ARE

ALSO REVIEWED BY THE FULL BOARD OF DIRECTORS.

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MINNESOTA LAND TRUST WEB

SITE AND ON FILE WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE. COPIES ARE

ALSO AVAILABLE FROM THE LAND TRUST UPON REQUEST. AN ANNUAL REPORT

SUMMARIZING AUDITED FINANCIAL INFORMATION AND PROGRAM INFORMATION IS ALSO

PREPARED ANNUALLY. IT IS WIDELY DISTRIBUTED TO DONORS AND OTHER INTERESTED

PARTIES AND IS AVAILABLE ON THE MINNESOTA LAND TRUST WEB SITE. COPIES OF

OTHER GOVERNANCE DOCUMENTS AND LAND TRUST POLICIES ARE MADE AVAILABLE ON A

CASE BY CASE BASIS AS REQUESTED. IN PRACTICE, REQUESTS HAVE BEEN VERY

RARE.

PART I,LINE 5 & PART V, LINE 2A

THE MINNESOTA LAND TRUST USES THE SERVICES OF OASIS DEG (FORMERLY DOHERTY EMPLOYER SERVICES), A PROFESSIONAL EMPLOYER ORGANIZATION, TO

Name of the organization MINNESOTA LAND TRUST	Employer identification number 41-1713652
PROVIDE THE ORGANIZATION WITH HUMAN RESOURCES SERVICES IN	CLUDING
PAYROLL PROCESSING AND BENEFITS MANAGEMENT. ALL MINNESOT	'A LAND TRUST
EMPLOYEES ARE CO-EMPLOYED BY DOHERTY. HOWEVER, DOHERTY I	S SOLELY
RESPONSIBLE FOR COMPLYING WITH ALL INCOME AND SOCIAL SECU	RITY TAX LAWS
AND REGULATIONS RELATED TO OUR EMPLOYEES, INCLUDING COMPL	ETING ALL
REQUIRED TAX FILINGS SUCH AS IRS FORMS W2S AND W3S.	