(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2020

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and en	ding J	<u>UN 30, 2020</u>					
В с	heck if oplicable	C Name of organization		D Employer identifi	cation number				
	Addres change	MINNESOTA ENVIRONMENTAL PARTNERSHIP							
	Name change	Doing business as		41-1986433					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	r				
	Final return/	546 RICE STREET 10	0 (651-290-					
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	448,433.				
	return Applica	SAINI PAUL, MN 55105		H(a) Is this a group re					
	tion pending	F Name and address of principal officer. DIEVEN MORDE		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)				
		e: WWW.MEPARTNERSHIP.ORG	1	H(c) Group exemption					
		organization: X Corporation	L Year o	of formation: 1998 I	M State of legal domicile: MN				
Pa		Summary							
& Governance	1 [Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SE}} \hspace{1em} ext{SC}}$	HEDU.	LE O.					
la	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net as:	sets.				
Ş				3	13				
ၓ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			13				
တ္မ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	6				
ij	6	Total number of volunteers (estimate if necessary)		6	13				
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_		Net unrelated business taxable income from Form 990-T, line 39			0.				
				Prior Year	Current Year				
a	8 (Contributions and grants (Part VIII, line 1h)		1,097,252.	428,605.				
Revenue	9 F	Program service revenue (Part VIII, line 2g)		6,593.	13,356.				
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,367.					
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,800.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,110,012.	448,433.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
တ္ဆ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		364,955.					
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ.	b T	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		326,778.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		691,733.	664,514.				
	19	Revenue less expenses. Subtract line 18 from line 12		418,279.	-216,081.				
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		803,540.	646,601.				
	21	Total liabilities (Part X, line 26)		34,817.	93,959.				
Ž::	22	Net assets or fund balances. Subtract line 21 from line 20		768,723.	552,642.				
	rt II	-			The souls does not be 1946 to 19				
		ties of perjury, I declare that I have examined this return, including accompanying schedules are			y knowledge and beller, it is				
true,	Correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	i preparer	lias any knowledge.					
Ciar		Signature of officer		I Date					
Sigr	- 1	STEVEN MORSE, EXECUTIVE DIRECTOR							
Here		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN				
Paid		MARC A. KOTSONAS	lo	5/14/21 if self-employ					
Prep		Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & RU			41-1647057				
Use		Firm's address 10 RIVER PARK PLAZA, SUITE 800							
-	·	SAINT PAUL, MN 55107		Phone no. (6	51)227-6695				
May	the IR	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No				

Pal	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MINNESOTA ENVIRONMENTAL PARTNERSHIP STRENGTHENS MEMBER EFFECTIVENESS
	AND BUILDS COLLECTIVE POWER TO SECURE A HEALTHY ENVIRONMENT FOR ALL
	MINNESOTANS.
	MINIBOTING.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	OVERVIEW:
	MINNESOTA ENVIRONMENTAL PARTNERSHIP (MEP) WORKS IN A UNIQUE WAY TO
	BRING TOGETHER THE ENERGIES AND PASSIONS OF ENVIRONMENTAL AND
	CONSERVATION NONPROFITS INTO A SINGLE POWERFUL VOICE. WE WORK IN
	SYNCHRONY WITH OUR MEMBERS AT THE STATE AND FEDERAL LEVEL, AND WE
	EDUCATE AND MOBILIZE THE PUBLIC ON PRESSING ENVIRONMENTAL LAWS,
	INVESTMENTS, AND INITIATIVES.
	WED A HODY TO THIRDED BUDGIEST TURTUTRUIT DOMESTONG WEWDER CROUD BUILD
	MEP'S WORK IS FUNDED THROUGH INDIVIDUAL DONATIONS, MEMBER GROUP DUES,
	AND FOUNDATIONS. FOUR OF MEP'S CURRENT FOUNDATION PARTNERS SUPPORT MEP
	THROUGH STRATEGIC TWO-YEAR GRANTS, WHICH WERE EACH SECURED IN FY19 AND ACTIVE IN FY20. INDUSTRY MANDATED ACCOUNTING PROCEDURES CALL FOR GRANTS
4b	
40	(Code:) (Expenses \$
	AS A COALITION, MEP'S ROLE IS TO BRING ORGANIZATIONS TOGETHER TO
	NETWORK, COLLABORATE, AND ADVOCATE, BUILDING THEIR INDIVIDUAL
	EFFECTIVENESS WHILE WORKING ON COALITION-IDENTIFIED PRIORITIES AND
	INITIATIVES. MEP COORDINATES MEMBER EFFORTS SO OUR COMMUNITY-WIDE
	RESOURCES ARE USED AS EFFECTIVELY AND EFFICIENTLY AS POSSIBLE,
	PROVIDING THE LEADERSHIP, EXPERTISE, COMMUNICATIONS AND OUTREACH,
	CONVENING, AND TECHNICAL ASSISTANCE NEEDED TO ACHIEVE RESULTS. TO THIS
	END, MEP PROVIDES THE ENVIRONMENTAL COMMUNITY WITH THE FOLLOWING
	SERVICES:
	1. LEADERSHIP AND EXPERTISE ON COLLABORATIVE ISSUE INITIATIVES: WE
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 526,797.

Form 990 (2019) MINNESOTA ENVIRONMENTAL PARTNERSHIP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete 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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	, , ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 10 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

019) MINNESOTA ENVIRONMENTAL PARTNERSHIP

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

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

Page 6

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

0	Cneck if Schedule O contains a response or note to any line in this Part VI			Δ						
Sec	tion A. Governing Body and Management			ı						
			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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13									
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	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	Х							
7a										
	more members of the governing body?									
h	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
D		7b		x						
8		10		- 45						
a	The governing body?	8a	X							
ь	Each committee with authority to act on behalf of the governing body?	8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,						
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			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?									
b	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	Х							
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	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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	Х							
b	Other officers or key employees of the organization	15b		х						
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100								
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
108		16-		Х						
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		_^						
D										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u> </u>	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fin									
	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 - 651-290-0154									
	546 RICE STREET, NO. 100, SAINT PAUL, MN 55103									

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

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

Check this box if neither the organiza (A)	(B)	(C)					Sate	ed any current officer, α (D)	(E)	(F)
Name and title	Average hours per week	box,	Position (do not check more box, unless person is officer and a director				an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WHITNEY CLARK	1.00									
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(2) JENNA GROVE	1.00			,,						0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) TIM SCHAEFER	1.00	.,		,,					0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(4) LYNN HOFFMAN TREASURER	1.00	х		х				0.	0.	0.
(5) BILL DROESSLER	1.00	Λ		^				0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(6) HOWARD MARKUS	1.00	71						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(7) JOHN LENCZEWSKI	1.00							•	•	•
BOARD MEMBER		х						0.	0.	0.
(8) KAREN OLSON JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHRIS KNOPF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KATHRYN HOFFMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GWEN MYERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRIS COWEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KEITH BLOMTSTROM	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(14) STEVEN MORSE	45.00							100 044		
EXECUTIVE DIRECTOR				Х				120,041.	0.	23,527.
		-								
		\vdash								
	-	-								
		1								
			I	l				1		5 000 (2242)

Form **990** (2019)

Part VII Section A. Officers, Directors, Trus		ploy	ees,			gnes	st C					(E)	
(A) Name and title	(B) Average			Pos		า		(D) Reportable	(E) Reportable		l	(F) imated	
Name and title	hours per					than		compensation	compensation		l	ount of	
	week	—	cer ar	nd a di	irecto	or/trus	tee)	from	from related		d	ther	
	(list any hours for	irector						the	organization			ensatio	n
	related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	l	m the nizatio	า
	organizations	truste	al trus		yee	om per		(** 27 1000 141100)				related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nization	S
	line)	lpul	lust	0#!	Key	훈	For						
		-											
													_
		1											
		1											
			┢			-							
		-											
						\vdash							_
		1											
			_			_							
		1											
1b Subtotal					<u> </u>			120,041.		0.	23	,52	7.
c Total from continuation sheets to Part V								0.		0.	23		<u>, .</u>
d Total (add lines 1b and 1c)							•	120,041.		0.	23	,52	
2 Total number of individuals (including but i							o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													1
	_										,	Yes I	۷o
3 Did the organization list any former officer			•	•	•		•		•				X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s											3		^
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor	•				•			•			5	:	X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensa	tion fror	n	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0)		
(A) Name and business	s address	NO	ONE	7				(B) Description of s	ervices	C	(C) compen:		
								·			•		_
							\dashv						_
2 Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization 🕨				()					Form 9		

		Check if Schedule O contains a response or i	note to any line	e in this Part VIII			
		Chock if Concadic C Contains a response of t	lote to driy iiiic	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
"	4 -	Fordered communicates 40					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a Membership dues 1b	45,550.				
ij d	D		±3,330·				
ts,	С	Fundraising events 1c					
₽	d	Related organizations 1d					
JS,	е	Government grants (contributions)					
i ti	f	All other contributions, gifts, grants, and					
ğ		similar amounts not included above 1f 3	83,055.				
할	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>S</u> a	h	Total. Add lines 1a-1f		428,605.			
		В	usiness Code				
ø	2 a	SERVICE FEES	900099	7,784.	7,784.		
, Ki	b	OTHER	900099	5,572.	5,572.		
Ser	С			•	•		
E S	d						
gra Re	e						
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f	•	13,356.			
	3	Investment income (including dividends, interest,		13,330.			
	3			586.			586.
		other similar amounts)		300.			300.
	4	Income from investment of tax-exempt bond prod	· F				
	5	Royalties					
			(ii) Personal				
	6 a	Gross rents 6a 5,886.					
	b	Less: rental expenses 6b 0 .					
	С	Rental income or (loss) 6c 5,886.					
	d	Net rental income or (loss)		5,886.			5,886.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b	- 1				
enr	c	Gain or (loss) 7c					
ě		Net gain or (loss)	•				
her Revenue		Gross income from fundraising events (not					
Ġ.	o a	including \$ of	- 1				
٥			- 1				
		contributions reported on line 1c). See	- 1				
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	·····				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	- 1				
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
"		В	usiness Code				
out	11 a						
ane Dug	b						
ele eve	С						
Miscellaneous Revenue	d	All other revenue					
2	_ е	Total. Add lines 11a-11d					
	12	Total revenue See instructions		448.433.	13.356.	0.	6 472.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 154,727. 111,507. 16,994. 26,226. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 201,186. 171,179. 10,098. 19,909. 7 Pension plan accruals and contributions (include 1,101. 984. 117. section 401(k) and 403(b) employer contributions) 48,399. 40,336. 2,828. 5,235. Other employee benefits 9 23,406. 18,706. 1,727. 2,973. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 44,365. 16,975. 24,447. 2,943. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 70,521. 68,405. 2,116. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 17,966. 11,669. 809. 5,488. 13 Office expenses 20,017. 16,298. 325. 3,394. Information technology 14 Royalties 15 43,316. 35,253. 2,963. 5,100. 16 Occupancy 7,179. 7,179. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 16,494. 14,956. 1,037. 501. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,819. 1,454. 134. 231. Depreciation, depletion, and amortization 22 1,733. 633. 990. 110. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,838. 6,741. 36. DUES & SUBSCRIPTIONS 61. MISCELLANEOUS 5,447. 4,522. 197. 728. С d All other expenses 664,514. 526,797. 64,701. 73,016. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,918.	1	0.
	2	Savings and temporary cash investments			285,756.	2	629,734.
	3	Pledges and grants receivable, net	484,550.	3	10,000.		
	4	Accounts receivable, net	1,935.	4	2,469.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			3,009.	9	2,845.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,836.			
	b	Less: accumulated depreciation			3,372.	10c	1,553.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			803,540.	16	646,601.
	17	Accounts payable and accrued expenses			34,817.	17	17,743.
	18	Grants payable		18			
	19	Deferred revenue		19	3,316.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
Ø	22	Loans and other payables to any current or for	ormer off	cer, director,			
liţie		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	these per	sons		22	
=	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties	0.	24	72,900.
	25	Other liabilities (including federal income tax,	, payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			34,817.	26	93,959.
		Organizations that follow FASB ASC 958, or	check he	re ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			114,182.	27	378,784.
Ва	28	Net assets with donor restrictions			654,541.	28	173,858.
멑		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 🔛			
Ę		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current fun				29	
se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			768,723.	32	552,642.
	33	Total liabilities and net assets/fund balances			803,540.	33	646,601.

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>33.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>14.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-21				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76	8,7	23.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.				
10							
	column (B))						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MINNESOTA ENVIRONMENTAL PARTNERSHIP

 $Employer\ identification\ number \\ 41-1986433$

Pa	rt I	Reason for Public 0	Charity Status 🖟	All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)						
1		A church, convention of chi	•	•	•	•	ινανί)					
_	Ħ	•	*				· //~//·/·					
2	H	A school described in sect i					···					
3	=	A hospital or a cooperative										
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:							_			
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•			•	ntial part of its support in	om a gove	orranio rica.	arme or morn tho gonerar	pablic accorded in				
0		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	H					and the seconds	on all and a fallent formal account.					
9	ш	An agricultural research org				-	-	-				
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or				
		university:							-			
10		An organization that norma										
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	•	•	-		•					
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *			-		aivina				
u		the supported organization		•	•	-						
		• • • •			majority C	n the direc	iors or trustees or the st	аррогинд				
		organization. You must o	-									
b			· ·					-				
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported				
	_	organization(s). You mus										
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.					
d			integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	veness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	na oraaniz	ation.						
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,								
		vide the following information		d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))	100				-			
									-			
									-			
									-			
									-			
									-			
T - 4 -	.1							i e				

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	196,757.	1217104.	177,123.	1097252.	428,605.	3116841.
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	196,757.	1217104.	177,123.	1097252.	428,605.	3116841.
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)						2012360.
	Public support. Subtract line 5 from line 4.						1104481.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	196,757.	1217104.	177,123.	1097252.	428,605.	3116841.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		==0	1 001	4 06-	-06	
	and income from similar sources	228.	752.	1,034.	1,367.	586.	3,967.
9	Net income from unrelated business						
	activities, whether or not the		4 600	4 000	4 000	5 006	0.4 50.6
	business is regularly carried on	4,540.	4,680.	4,800.	4,800.	5,886.	24,706.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2445544
11	• • • • • • • • • • • • • • • • • • • •						3145514.
12	Gross receipts from related activities,	•	,			12	57,018.
13	First five years. If the Form 990 is for	•			•	. , . ,	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			olumn (f))		14	35.11 %
14	Public support percentage from 2018					15	37.91 %
15 16a	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o						
~	and stop here. The organization qual	•		•			. \square
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					,
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		▶ □
_18	Private foundation. If the organization			•	,		

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

Section A. Public Support	below, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(6) 2010	(0) 2017	(4) 2010	(e) 2019	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesse	ys .					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	l l					
14 First five years. If the Form 990 is	for the organization'	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Pul	olic Support Pe	rcentage				
15 Public support percentage for 2019	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	estment Incom	e Percentage				
17 Investment income percentage for	2019 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	n 2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If t	he organization did				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2018. If t line 18 is not more than 33 1/3%, c	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organiza						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
401-		
10b		

Par	t IV	Supporting Organizations (continued)			
		·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	illy 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		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
		r		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sect	ion L	D. All Type III Supporting Organizations			
		ſ		Yes	No
		ne 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			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	suppo ion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	一	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uotions)	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	e 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			
		ties but for the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	За		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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):				
a	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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S				
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	e organization is responsive)				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
с	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
<u>i</u>	Carryover from 2014 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
c	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MINNESOTA ENVIRONMENTAL PARTNERSHIP

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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

0040

2019

OMB No. 1545-0047

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Employer identification number

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c)	s 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							
	n 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 Rules							
sections 509(a)(1) any one contribute	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributions is checked, enter he purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$						
but it must answer "No" on	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF)						

Name of organization Employer identification number

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	THE MCKNIGHT FOUNDATION 710 SOUTH SECOND STREET SUITE 400 MINNEAPOLIS, MN 55401	\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	MORTENSON FAMILY FOUNDATION 700 MEADOW LN N MINNEAPOLIS, MN 55422	\$\$	Person X Payroll		
(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)	(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) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization

Employer identification number

tron any one contributor. Complete out of exhausty eligibles. A contribute of the control of the	Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year	
(a) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (g) No. From Part I (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (g) No. From Part I (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (g) No. From Part I (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held		from any one contributor. Complete columns (a)	through (e) and the follow	ing line entry. For o	rganizations	
(a) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (a) No. Part I (e) Transfer of gift (d) Description of how gift is held (a) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held		Use duplicate copies of Part III if additional:	space is needed.	\$1,000 OF TESS FOR II	ne year. (Enter this fillo. Office.)	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (final No. 10 on Part 1 (in 1) No. 10 on Part 1 (in 1) No. 10 on Part 1 (in 2) No. 10 on Part 1 (in 3) No. 10 on Part 1 (in 4) No. 10 on Part 1 (in 5) No. 10 on Part 1 (in 5) No. 10 on Part 1 (in 6) No. 10 on Part 1 (in 7) No. 10 on Part 1 (in 8) No.	(a) No. from			aift	(d) Description of how gift is held	
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III			
	ne of organization	ions. complete r art iii.		Emp	loyer identification number
	· ·	TA ENVIRONMENTAL	PARTNERSHIP		41-1986433
Pa		anization is exempt under		r is a section 527 or	
		•	`,		<u> </u>
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
	Political campaign activity expendit				}
3	Volunteer hours for political campai				
		janization is exempt under			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		continu FOd(a)	woont coation FOd/o	.// 0/
		anization is exempt under			
	Enter the amount directly expended				
2	Enter the amount of the filing organ		•		
	exempt function activities			> \$	·
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en		•		
	made payments. For each organization	•	• •		•
	contributions received that were propolitical action committee (PAC). If			•	e segregated fund of a
	. ,	, , , , , , , , , , , , , , , , , , ,	ı	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
		I	I	i	1

Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org	MINNESOTA E	NVIRONMENTA	L PARTNERSH	P 41-1	986433 Page 2
section 501(h)).	gariization is exer	iipt uiidei section		a Form 5700 (ele	Ction under
A Check ▶ if the filing organiza	ation belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying				, ,
B Check ▶ if the filing organization	ation checked box A a	nd "limited control" pro	visions apply.		
	its on Lobbying Expe ditures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)		2,229.	
b Total lobbying expenditures to infl				10,330.	
c Total lobbying expenditures (add I	~			12,559.	
d Other exempt purpose expenditur				651,955.	
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		664,514.	
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in both	n columns.	124,677.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				24 4 5 2	
g Grassroots nontaxable amount (er	, .			31,169.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 1i, did the organiza	ation file Form 4720	г	
reporting section 4911 tax for this	•				Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all c	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	122,738.	129,894.	125,692.	124,677.	503,001.
b Lobbying ceiling amount (150% of line 2a, column(e))					754,502.
c Total lobbying expenditures	17,588.	26,147.	25,454.	12,559.	81,748.
d Grassroots nontaxable amount	30,685.	32,474.	31,423.	31,169.	125,751.
 Grassroots ceiling amount 					

16,983.

9,552.

8,502.

Schedule C (Form 990 or 990-EZ) 2019

2,229.

188,627.

37,266.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 MINNESOTA ENVIRONMENTAL PARTNERSHIP 41-19864 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)).

The lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	No	Amou	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
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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 a 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?			
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 a 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			
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 a 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?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			
i Other activities? j Total. Add lines 1c through 1i a 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			_
j Total. Add lines 1c through 1i la 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?			
a 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?			
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?			_
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?		4	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	\/E\		
Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), or sec	Juon	
		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?	1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar? 3		
answered "Yes." Dues, assessments and similar amounts from members	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).			
a Current year			
b Carryover from last year	2b		
c Total	2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
If notices were sent and the amount on line Oc eveneds the amount on line O what nextice of the evenes			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
·	4 5		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Employer identification number 41-1986433

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Outplete if the
		(a) Donor advised	d 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 v	-		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	· · · · · · · · · · · · · · · · · · ·		
Da	impermissible private benefit?			Yes No
Pa			s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreat	tion or education)		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	
	day of the tax year.			Held at the End of the Tax Year
b				
С.	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	,		I I
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguisned, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas		on bandling of	
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it	•		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
U	Starr and volunteer riours devoted to morntoning, inspecting, i	rialidiling of violations, and	a emoreing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcina conservat	ion easements during the year
•	S	iing or violations, and on	ording conservat	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170/h	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footne		•	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			•
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	•		
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	items:	
а	Revenue included on Form 990, Part VIII, line 1	-		
	Assets included in Form 900, Part V			•

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simil	ar Asset	(contin	ued)	<u>.gc</u>
3	Using the organization's acquisition, accessi								(OCITEII)	uou,	
	collection items (check all that apply):	•	,	,	· ·		Ü				
а	Public exhibition	d		l oan or exc	hange progra	am					
b	Scholarly research	e			mange pregn						
c	Preservation for future generations	J									
4	Provide a description of the organization's co	allections and explain	how th	ev further th	ne organizatio	nn's evel	mnt nurr	ose in Part	XIII		
5	During the year, did the organization solicit o	•		•	ū			osc iiii ait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran						Form 9				140
1 011	reported an amount on Form 990, Pal		oto ii tiio	organizatio	ii answered	103 01	11 01111 3	50, 1 ait iv,	iii iC 3, 0i		
	Is the organization an agent, trustee, custodi		iary for o	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		, 110
	ii res, explain the arrangement iii art xiii	and complete the for	lowing to	abic.					Amount		
С	Beginning balance						1c		7 (1110 (111)		
u	Additions during the year										
•	Distributions during the year										
f Oo	Ending balance Did the organization include an amount on Fe								Yes	\neg	No
	If "Yes," explain the arrangement in Part XIII.						шу?		_ res		NO
Par							10				
	TT I THE THE TENT OF THE TENT	(a) Current year		rior year	(c) Two yea			e years back	(a) Four	voore l	hack
4.	Designing of year balance	(a) Current year	(D) F	nor year	(C) TWO yea	15 Dack	(u) Tille	e years back	(e) Four	years i	Jack
1a	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	red for th	ne organi	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	\longrightarrow	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumula		(d) Book	(value	;
		basis (investn	nent)	basis	(other)	de	preciation	on			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				6,836.		5,2	283.	1	L,55	<u> 3.</u>
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	Oc.)			▶	1	L,55	· 8

Schedule D (Form 990) 2019

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

	NVIRONMENTAL	PARTNERSHIP 4	1-1986433 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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 el	nd-of-year market value
(1)			<u> </u>
(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	
	Description	114. 3301 3111 333, 1 417, 1110 13.	(b) Book value
(1)			(-)
(2)			+
(3)			+
(4)			+
(5)			+
(6)			+
			+
			+
			+
	45.)		+
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	,	,	<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
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 X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2019 MINNESOTA ENVIRONMENTAL	PARTNERSHIP	41-1986433 Page
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue I	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.		
Par	t XIII Supplemental Information.		·
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		, , , , , , , , , , , , , , , , , , , ,
PAR	T X, LINE 2:		
MEP	IS EXEMPT FROM INCOME TAXES UNDER INTE	RNAL REVENUE CO	DE SECTION
501	(C)(3) AND APPLICABLE MINNESOTA STATUTE	S, EXCEPT TO TH	IE EXTENT IT HAS
TAX	ABLE INCOME FROM BUSINESSES THAT ARE NO	T RELATED TO IT	S EXEMPT PURPOSE.
MAN	AGEMENT BELIEVES MEP DID NOT HAVE ANY U	NRELATED BUSINE	ESS INCOME IN 2020
OR	2019. MANAGEMENT BELIEVES MEP HAS APPRO	PRIATE SUPPORT	FOR ANY TAX
POS	ITIONS TAKEN, AND ACCORDINGLY, DOES NOT	HAVE ANY UNCER	RTAIN TAX
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
POS	ITIONS THAT ARE MATERIAL TO THE FINANCI	AL STATEMENTS.	

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

•

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Employer identification number 41-1986433

Part I							on 501(c)(4), and se										
1				<u>vered "Yes" on F</u> Relationship betv			urt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, Ii	ine 40	b.	(d)	Correc	cted?		
' (a) Na	me of disqualified p	erson	(6)	person and or			(4	(c) Description of transaction			n		Ye		No		
													_				
													_	_			
													-	_			
section	on 4958						ualified persons dur				▶ \$ ▶ \$		1				
Part II	Loans to and Complete if the or reported an amo	organization	n answ	vered "Yes" on F , Part X, line 5, 6	orm 9	90-EZ, 2.	Part V, line 38a or F	Form	າ 990, Part IV, lin	e 26; d	or if th			n			
	a) Name of rested person	(b) Relatio with organi		(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due				19/ b\		(h) Approved by board or committee?		(i) W agreei	ritten ment?
					То	From				Yes	No	Yes	No	Yes	No		
								_									
								-									
Γotal							> \$										
Part III	Grants or As																
(a) N	Complete if the o						(c) Amount of		(d) Type	of		(0)	Purp	oso of			
(a) N	vame of interested p	Derson		(b) Relationship interested pers the organization	on an		assistance		assistan			• •	assista				
											\perp						
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			+								-						
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		·															

Schedule L (Form 990 or 990-EZ) 2019 MINNESOTA ENVIRONMENTAL PARTNERSHIP 41-1986433 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes No MINNESOTA CENTER FOR ENVIR KATHRYN HOFFMAN IS 19,000.MEP HAS CON X 37,000.MEP HAS CLEAN WATER ACTION (CWA) JENNA GROVE IS PROG Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF INTERESTED PERSON: MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY (MCEA) (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: KATHRYN HOFFMAN IS EXECUTIVE DIRECTOR OF MCEA AND MEP BOARD MEMBER (D) DESCRIPTION OF TRANSACTION: MEP HAS CONTRACTS FOR RESEARCH, OUTREACH, AND EDUCATION WITH MCEA. (A) NAME OF PERSON: CLEAN WATER ACTION (CWA) (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: JENNA GROVE IS PROGRAM COORDINATOR FOR CWA AND AND MEP BOARD VICE CHAIR (D) DESCRIPTION OF TRANSACTION: MEP HAS CONTRACTS FOR OUTREACH AND EDUCATION WITH CWA.

SCHEDULE 0

(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.

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Employer identification number 41-1986433

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

MEP IS A COALITION OF 70 MINNESOTA ENVIRONMENTAL AND CONSERVATION

ORGANIZATIONS WORKING TOGETHER TO PROTECT AND RESTORE MINNESOTA'S CLEAN

WATER, LAND, CLIMATE AND AIR QUALITY, AND ADDRESS ENVIRONMENTAL

JUSTICE. THE PARTNERSHIP PROVIDES A VITAL WAY FOR ENVIRONMENTAL

ORGANIZATIONS TO COLLABORATE IN THEIR EFFORTS TO MAKE SURE THAT

MINNESOTA'S NATURAL RESOURCES AND HUMAN HEALTH ARE WELL PROTECTED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO BE REPORTED AS REVENUE IN THE FISCAL YEAR IN WHICH THEY ARE AWARDED

AND THEN RELEASED THROUGHOUT THE GRANT PERIOD AS THE TERMS OF THE GRANT

ARE FULFILLED. THEREFORE, THE BULK OF THE FOUNDATION GRANTS INTENDED

TO FUND MEP'S FY20 PROGRAM ACTIVITIES WERE AWARDED AND APPEAR AS

REVENUE IN LAST YEAR'S STATEMENT OF ACTIVITIES AND 990, PRESERVED AS

RESTRICTED ASSETS, AND RELEASED THROUGHOUT THE FOLLOWING FISCAL YEAR(S)

TO FUND OUR PROGRAM ACTIVITIES.

CURRENT PROGRAMS AND ACCOMPLISHMENTS

MEP'S PROGRAMS ARE FOCUSED ON PROTECTING AND RESTORING MINNESOTA'S

NATURAL RESOURCES AND PROTECTING HUMAN HEALTH. WE DO THIS BY ORGANIZING

AND CONVENING ENVIRONMENTAL AND CONSERVATION ORGANIZATIONS WORKING IN

THE STATE IN "CLUSTERS" OR WORKING GROUPS. THIS MODEL HAS PROVEN TO BE

EFFECTIVE AT GROWING A STRONG, EFFICIENT ENVIRONMENTAL ADVOCACY SECTOR

THAT'S ABLE TO ACCOMPLISH THINGS THAT INDIVIDUAL ORGANIZATIONS CANNOT.

OUR CURRENT CLUSTERS INCLUDE WATER, GREAT LAKES, MINING, POLLINATORS,

ENERGY AND CLIMATE, AND TRANSPORTATION. MEP ALSO WORKS TO SUPPORT AND

Name of the organization **Employer identification number** 41-1986433 MINNESOTA ENVIRONMENTAL PARTNERSHIP COORDINATE GROUPS FOCUSED ON SAFEGUARDING THE STATE'S FUNDS THAT ARE CONSTITUTIONALLY DEDICATED TO PROTECTING AND RESTORING OUR GREAT OUTDOORS. THROUGH THESE WORKING GROUPS, MEMBERS SHARE INFORMATION AND RESOURCES, AND CREATE AND SHARED POSITIONS AND EXECUTE STRATEGIES. WE ALSO WORK TOGETHER TO IDENTIFY AND SUPPORT ANNUAL COMMUNITY LEGISLATIVE PRIORITIES. WHILE OUR CLUSTERS WORK ON INITIATIVES YEAR-ROUND, THE LEGISLATIVE SESSION IS A SIGNIFICANT FOCUS OF OUR WORK. MEP'S ONGOING INITIATIVES ARE OUTLINED BELOW WITH HIGHLIGHTS FROM FISCAL YEAR 2020. DEFENDING MINNESOTA'S ENVIRONMENTAL POLICY FOUNDATION FROM ROLLBACKS, INCLUDING LAWS, POLICIES, RULES AND AUTHORITIES, AND OPPOSING EFFORTS TO BLOCK, UNDERMINE, AND UNDO STATE POLICY, STANDARDS, RULES, AND LAWS AFFECTING, BUT NOT LIMITED TO, CLEAN ENERGY; ENVIRONMENTAL REVIEW (MEPA, NEPA) AND PERMITTING PROCESSES; AGENCY AUTHORITIES; CITIZEN INVOLVEMENT IN COUNCILS, PROCESSES, AND HEARINGS; CLEAN, PLENTIFUL WATER; COMMUNITY AND TOWNSHIP RIGHTS; PUBLIC LAND ACQUISITION AND PROTECTION; AND BUFFER, WETLAND, AND CALCAREOUS FENS PROTECTIONS. THROUGH THE TREMENDOUS EFFORTS OF MEP, OUR MEMBER GROUPS, AND CITIZENS ACROSS THE STATE, NUMEROUS PROVISIONS AND ROLLBACKS HARMFUL TO THE ENVIRONMENT WERE PREVENTED FROM BECOMING LAW DURING THE 2020 LEGISLATIVE SESSION. PRESERVING LONG-TERM INVESTMENTS IN OUR GREAT OUTDOORS WE WORK TO ENSURE THAT CAPITAL INVESTMENTS FOR MINNESOTA'S GREAT OUTDOORS MAKE UP AT LEAST THE TRADITIONAL AMOUNT OF THE TOTAL STATE GENERAL OBLIGATION BONDS. THE LEGISLATURE APPROVED A RECORD-HIGH LEVEL

OF SUPPORT (\$302 MILLION) FOR WATER INFRASTRUCTURE IN THE 2020 BONDING

BILL, ALTHOUGH THE SESSION CONCLUDED IN OUR 2021 FISCAL YEAR.

Name of the organization

MINNESOTA ENVIRONMENTAL PARTNERSHIP

Employer identification number
41-1986433

INVESTING IN CLEAN WATER AND LIVING LANDSCAPES

A LONGSTANDING PRIORITY ISSUE FOR MEP HAS BEEN EDUCATING

DECISION-MAKERS AND THE PUBLIC ABOUT THE DETRIMENTS OF AGRICULTURAL

POLLUTION TO STREAMS, RIVERS, LAKES, AND DRINKING WATER. WE'VE

ADVOCATED FOR SOLUTIONS LIKE BUFFERS AND THE FOREVER GREEN INITIATIVE

WHICH IS AN INNOVATIVE PROGRAM OF THE UNIVERSITY OF MINNESOTA THAT'S

DEVELOPING AND IMPLEMENTING NEW PERENNIAL AND WINTER ANNUAL COVER

CROPS TO PREVENT FARM RUNOFF, INCREASE PRODUCTIVITY, AND IMPROVE

HABITAT AND CLIMATE RESILIENCY. WITH STRONG MEP PRESENCE ON THE FOREVER

GREEN PARTNERSHIP STEERING COUNCIL, THE PROGRAM RECEIVED SIGNIFICANT

STATE AND FEDERAL FUNDING AND HAS HELPED MOVE NEW CROPS FORWARD.

PROTECTING OUR WATER FROM SULFIDE MINING

PROPOSED SULFIDE MINES IN NORTHEAST MINNESOTA, INCLUDING THE POLYMET

NORTHMET PROJECT AND THE TWIN METALS MINNESOTA PROJECT, THREATEN OUR

LAKES AND RIVERS WITH SIGNIFICANT ONGOING WATER POLLUTION. POLYMET'S

DATA SHOWS THAT ONGOING WATER TREATMENT COULD BE REQUIRED FOR 500 YEARS

OR MORE AFTER MINING HAS STOPPED. MEP HAS LEVERAGED OUR POSITION TO

CONVENE THE MINING CLUSTER, WHICH HELPS GROUPS CONVENE, COMMUNICATE AND

COLLABORATE ON THEIR STRATEGIES. ADDITIONALLY, WE'VE BEEN PUBLICLY

HIGHLIGHTING THE DANGER, ESPECIALLY FROM MERCURY, TO DOWNSTREAM

COMMUNITIES WITHIN THE ST. LOUIS RIVER WATERSHED AND LAKE SUPERIOR.

PROTECTING THE GREAT LAKES

MINNESOTA IS THE HEADWATERS STATE FOR THE GREAT LAKES, WITH 190 MILES

OF RUGGED LAKE SUPERIOR SHORELINE AMONG ITS NATURAL ASSETS. SINCE 2005,

Name of the organization **Employer identification number** MINNESOTA ENVIRONMENTAL PARTNERSHIP 41-1986433 MEP'S COALITION HAS WORKED TOGETHER TO SUPPORT THE GREAT LAKES RESTORATION INITIATIVE (GLRI), A LONG-TERM REGIONAL PLAN TO RESTORE THE LAKES AND STIMULATE THE REGION'S ECONOMY. THE MEP COALITION HAS SUPPORTED FULL CONGRESSIONAL FUNDING FOR GLRI, AS WELL AS LEVERAGING STATE DOLLARS THROUGH THE LEGACY AMENDMENT AND THE BONDING BILL. MEP ACTIVELY PARTICIPATES IN THE HEALING OUR WATERS COALITION, AND ALONG WITH THAT COALITION WE ARE TURNING OUR FOCUS TO ENVIRONMENTAL JUSTICE ISSUES, INCLUDING LEAD IN DRINKING WATER. ONGOING ISSUES OF CONCERN INCLUDE CLEANING UP THE ST. LOUIS RIVER AND ADVOCATING FOR BALLAST WATER AND INVASIVE SPECIES PROTECTIONS. MEP EMPLOYS A FULL-TIME STAFF MEMBER AND A HALF-TIME ORGANIZER IN OUR DULUTH OFFICE FOR THIS WORK. THROUGH THIS OFFICE, MEP SUPPORTS LOCAL GROUPS, MANY OF WHICH ARE VOLUNTEER LED AND LACK RESOURCES AND OPPORTUNITIES FOR BROADER NETWORKING.

PROTECTING FAMILIES FROM LEAD IN THEIR DRINKING WATER

IN DULUTH, MEP STAFF AND COMMUNITY PARTNERS HAVE HELPED 25 FAMILIES IN

LOWER-INCOME NEIGHBORHOODS IDENTIFY WHETHER THEIR DRINKING WATER IS

CONTAMINATED WITH LEAD. SADLY, ABOUT ONE-THIRD OF THE FAMILIES DO HAVE

LEAD IN THEIR DRINKING WATER. MEP IS WORKING WITH COALITION MEMBERS TO

FIND WAYS TO REPLACE ALL THE LEAD SERVICE LINES IN DULUTH AND IN OLDER

HOMES ACROSS THE STATE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COORDINATE MEMBER GROUPS AND ALLIES TO SHARE INFORMATION AND RESOURCES

FOR THE BETTERMENT OF ALL, AND WE WORK TO ACHIEVE CONSENSUS OR

NEAR-CONSENSUS BETWEEN MEP MEMBERS, AGENCY STAFF, KEY LEGISLATIVE

SUPPORTERS, AND THE GOVERNOR'S OFFICE ON BEST STRATEGIES FOR SYSTEMIC

Name of the organization **Employer identification number** 41-1986433 MINNESOTA ENVIRONMENTAL PARTNERSHIP CHANGE. WE LEAD ANNUAL LEGISLATIVE INITIATIVES AS WELL AS MULTI-YEAR, MULTI-STRATEGY CAMPAIGNS. WE ALSO BUILD THE CAPACITY OF OUR MEMBER GROUPS BY SPONSORING TRAININGS AND PROVIDING TARGETED TECHNICAL ASSISTANCE TO THE CLUSTERS OF GROUPS WORKING ON PRIORITY ISSUES. COMMUNICATIONS RESEARCH, MESSAGING AND TRAINING: MEP PRODUCES AN ENVIRONMENTAL BRIEFING BOOK, MAKING THE CASE FOR THE COALITION'S PRIORITIES, WHICH IS DISTRIBUTED TO LEGISLATORS, AGENCY STAFF, MEDIA, AND MEP SUPPORTERS. 3. PUBLIC EDUCATION AND MEDIA: MEP HAS BUILT STRONG RELATIONSHIPS WITH MEDIA ACROSS THE STATE AND USES A VARIETY OF COMMUNICATIONS TOOLS TO HIGHLIGHT ENVIRONMENTAL ISSUES EFFECTING MINNESOTA AND THE REGION. WE REGULARLY SERVE AS THE VOICE FOR MINNESOTA'S BROAD ENVIRONMENTAL ISSUES AND ARE REGULARLY QUOTED OR RESOURCED BY STATE, LOCAL AND REGIONAL MEDIA. MEP ALSO HIGHLIGHTS WATER, AGRICULTURE, PIPELINES, MINING, CLEAN ENERGY, TRANSPORTATION, CLIMATE CHANGE, AND POLLUTION AMONG OTHER TOPICS IN OUR NEWS ROUNDUP EMAIL "NEWS WATCH" WHICH GOES TO SUBSCRIBERS TWICE WEEKLY, INCLUDING DECISION MAKERS, FUNDERS, AND MEDIA. OUR WEEKLY NEWSLETTER "ENVIRONMENTAL INSIDER" FEATURES ARTICLES ON A BROAD SPECTRUM OF ENVIRONMENTAL ISSUES. WE'RE ALSO ACTIVE ON FACEBOOK AND TWITTER WHERE WE SHARE NEWS ARTICLES AND PROVIDE LINKS TO RESOURCES AND INFORMATION. 4. CITIZEN ENGAGEMENT: MEP WORKS TO BUILD STRONG CONSTITUENCIES OF ENVIRONMENTALLY-AWARE AND ENGAGED CITIZENS ACROSS THE STATE. WE DEVELOPED AND MAINTAIN THE MINNESOTA ENVIRONMENTAL ACTION NETWORK

(MEAN) TO SEND EMAIL ACTION ALERTS, REACHING UP TO 60,000 MINNESOTANS

Name of the organization **Employer identification number** 41-1986433 MINNESOTA ENVIRONMENTAL PARTNERSHIP CITIZENS IN ALL AREAS OF THE STATE TO ENGAGE THEM ON FUNDING ISSUES AND ENVIRONMENTAL PROTECTION MEASURES. THE MEAN SYSTEM IS A CONSOLIDATED LIST OF THE INDIVIDUAL CONSTITUENTS OF 21 MEP ORGANIZATIONAL MEMBERS; IN 2020, WE SENT 22 ACTION ALERTS PROMPTING INDIVIDUALS TO CONTACT THEIR REPRESENTATIVES ON IMPORTANT ISSUES THAT RANGED FROM MINING TO FUNDING FOR CLEAN WATER. WE ALSO COORDINATE FORUMS FOR CITIZENS TO TALK TO DECISION-MAKERS IN THEIR HOME DISTRICTS AND AT THE STATE CAPITOL SUCH AS 2019'S WATER ACTION DAY WHICH FACILITATED OVER 700 CONCERNED CITIZENS CONVERGING ON THE CAPITOL TO ATTEND EDUCATIONAL TRAININGS ON KEY ISSUES, VISIT WITH THEIR ELECTED LEADERS, AND ATTEND A RALLY. 5. EDUCATING DECISION-MAKERS: MEP ALIGNS COMMUNITY POSITIONS AND LEADS THE PRODUCTION AND DISTRIBUTION OF SIGN-ON LETTERS (20 IN 2020) ADDRESSED TO THE GOVERNOR, LEGISLATORS, AND OTHER KEY OFFICIALS ON A RANGE OF IMPORTANT ENVIRONMENTAL ISSUES. WE ALSO CONVENE CRITICAL MEETINGS WITH KEY LEGISLATORS AND CONSTITUENTS IN ENVIRONMENTAL FORUMS, WITH EXCELLENT PARTICIPATION FROM CONSTITUENTS. FORM 990, PART VI, SECTION A, LINE 2: CLEAN WATER ACTION HAS A CONTRACTUAL RELATIONSHIP WITH LUTHERAN COALITION FOR PUBLIC POLICY IN MINNESOTA. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY 70 MINNESOTA ENVIRONMENTAL ORGANIZATIONS THAT ARE VOTING MEMBERS UNDER STATE LAW.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS ARE ENTITLED TO ONE VOTE ON ANY MATTER PROPERLY PRESENTED TO

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 41-1986433 MINNESOTA ENVIRONMENTAL PARTNERSHIP THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: ALL BOARD MEMBERS ARE GIVEN A COPY OF THE DRAFT FORM 990 FOR REVIEW. EXECUTIVE COMMITTEE REVIEWS THE FORM 990 IN DETAIL AND MAKES A RECOMMENDATION TO THE FULL BOARD ON APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT DISCLOSURE FORM AT THE BEGINNING OF EACH FISCAL YEAR AND ARE ASKED TO UPDATE THAT FORM WITH ANY NEW CONFLICTS AT EACH BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION PROCESS FOR TOP OFFICIAL: THE EXECUTIVE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCTS A REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE UTILIZING INPUT FROM BOARD, STAFF AND MEMBERS. IT ALSO REVIEWS THE SALARY IN RELATION TO THE MN COUNCIL OF NONPROFITS SALARY SCHEDULE. THE BOARD OF DIRECTORS USES THIS INFORMATION IN RELATION TO OTHER ORGANIZATIONAL STAFF POSITIONS TO SET THE EXECUTIVE DIRECTOR'S COMPENSATION FOR THE YEAR. FORM 990, PART VI, SECTION B, LINE 15B: THERE ARE NO OTHER KEY EMPLOYEES SO THIS IS NOT APPLICABLE. FORM 990, PART VI, SECTION C, LINE 19:

IF THERE IS A REQUEST FOR ONE OF THESE DOCUMENTS, IT WOULD GO TO THE BOARD

FOR APPROVAL.

Name of the organization MINNESOTA ENVIRONMENTAL PARTNERSHIP	Employer identification number 41-1986433
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING AND CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	9,405.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,405.
CONTRACTING ORGANIZATIONS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,000.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,116.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,116.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	70,521.
FORM 990, PART XII, LINE 2C THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information	
Legal Name of Organization MINNESOTA ENVIRONM	ENTAL PARTNERSHIP
Federal EIN: 41-1986433	Fiscal Year-End: 06302020
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: STEVE MORSE	Physical Address: STEVE MORSE
Contact Person 546 RICE STREET, NO. 100	Contact Person 546 RICE STREET, SUITE 100
Street Address SAINT PAUL, MN 55103	Street Address SAINT PAUL, MN 55103
City, State, and ZIP Code 651-290-0154	City, State, and ZIP Code 651-290-0154
Phone Number STEVEMORSE@MEPARTNERSHIP.ORG	Phone Number STEVEMORSE@MEPARTNERSHIP.ORG
Email Address	Email Address
Organization's website: <u>WWW.MEPARTNERSHIP.O</u>	RG
List all of the organization's alternate and former names (attach li	ist if more space is needed). Alternate Former
	Alternate Former
3. List all names under which the organization solicits contributions MINNESOTA ENVIRONMENTAL PARTNERS	
Is the organization incorporated pursuant to Minn. Stat. ch. 317/	A? X Yes No
5. Total amount of contributions the organization received from Mir	nnesota donors: \$ 378,055.
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or prog Yes X No If yes, attach explanation.	ram(s)?

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.									
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):									
	Name of Professional Fundraiser Compensation									
	Street Address	City, State, and ZIP Code	2							
	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. 1. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:									
	Name and Bills	0	011							
	Name and title STEVEN MORSE	Compensation*	Other compensation							
	EXECUTIVE DIRECTOR	120,041.	23,527.							
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	999-MISC (Box 7)								

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	DME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$ 2
3.	Program Service Revenue	3
4.	Other Revenue	\$
5.	TOTAL INCOME	\$
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$ 7
8.	Fund-raising Expenses	8
9.	TOTAL EXPENSES	\$ 9
10.	EXCESS or DEFICIT	\$
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$
13.	Other Assets	\$ 13
14.	TOTAL ASSETS	\$ 14
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$
17.	Other Liabilities	\$
18.	TOTAL LIABILITIES	\$ 18
FUNI	D BALANCE/NET WORTH	\$
(Line 1	4 minus Line 18)	

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to muviduals in the o.s.				
0.	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
	Compensation of current officers, directors,				
"	trustees, and key employees				
6.	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.					
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
a.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
e.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.					
18.	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20.	Interest				
	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Other expanses Itemize expanses not equated				
24.	Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may				
1	not exceed 5% of total expenses (Line 25).				
a.					
b.					
c.					
d.	_				
25.	Total functional expenses. Add lines 1 through 24d				
26.	. 🗀				
	SOP 98-2. Complete this line only if the organi-				
1	zation reported in Column B joint costs from a combined educational campaign and				
L	fundraising solicitation				
	.aa.aionig conoration		l .	l .	l .

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the	
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursuant to the resolution of the	
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	ne document, and do hereby certify that the
	_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and ha	ve supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.	
STEVEN MORSE	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	Title
Date	 Date