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)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>		e 2013 calendar year, or tax year beginning /	Center for Environmenta		D Emplo	oyer identification number
	Check if ap		Center for Environmenta	_		,,
	Address c	Doing Business As			22-	-7412105
	Name cha	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite		none number
	Initial retur		<i>'</i>	206		223-5969
$\overline{\Box}$	Terminate			200	651	223-3363
					- 0	1 29/ 101
Ц	Amended	return St. Paul F Name and address of principal officer:	MN 55101		G Gross red	eipts\$ 1,384,101
	Application	Scott Strand		H(a) Is this a g	roup return for	subordinates Yes X No
		26 East Exchange St		H(b) Are all su	hordinatos inc	sluded? Yes No
		_	MN 55101			. (see instructions)
_	_	St. Paul npt status:		_	.,	. (
<u>+</u>			insert no.) 4947(a)(1) or 527			
<u>J</u>	Website:		Other ► L	Year of formation: 1		M State of legal domicile: MN
	Part I	rganization: X Corporation Trust Association Summary	Other L	Year of formation:	_ <i></i>	M State of legal domicile: MIN
		Briefly describe the organization's mission or mos	t aignificant activities			
a	' -	The Minnesota Center for Env		a nonnrof	it ora	nigation
S E		that uses law, science and n				
Ĕ		natural resources and the he		esoca s e	11411 0111	menc, ics
Governance	2 .	Check this box if the organization discontinu	······································			
Õ	l l		/= · · · · · · · ·		1 _ 1	17
δ. «S		lumber of voting members of the governing body				17
itie	4 N	lumber of independent voting members of the go	veer 2012 (Part V. line 16)		5	20
Activities &		otal number of individuals employed in calendar of the colorist of the colorist of volunteers (estimate if necessary	\			67
ĕ		otal number of volunteers (estimate if necessary of the form of the control of th				0
		let unrelated business taxable income from Form			7b	0
		<u> </u>		Prior Ye		Current Year
Ф	8 (Contributions and grants (Part VIII, Inc 4)	C Disclosure Co		5,020	964,331
Ď		Program service revenue (Part VIII, line 2g)			8,272	286,392
Revenue	l l	nvestment income (Part VIII, column (A), lines 3,			1,366	54,580
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)		8,688	26,234
	12 T	otal revenue – add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)	2,01	3,346	1,331,537
		Grants and similar amounts paid (Part IX, column		5	0,000	0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
S	15 S	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)	1,02	1,201	1,130,360
Expenses	16aF	Professional fundraising fees (Part IX, column (A)	, line 11e)			0
ğ	b T	otal fundraising expenses (Part IX, column (D), I	ine 25) ▶ 131,594			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-1	1d, 11f–24e)		4,297	383,257
	18 T	otal expenses. Add lines 13–17 (must equal Par	t IX, column (A), line 25)		5,498	1,513,617
	19 F	Revenue less expenses. Subtract line 18 from line	e 12		7,848	-182,080
Net Assets or Fund Balances				Beginning of Cu		End of Year
SSE	20				5,113	2,416,439
et D	21	* * * * * * * * * * * * * * * * * * * *			8,995	88,123
		Net assets or fund balances. Subtract line 21 from	1 line 20	2,33	6,118	2,328,316
*******	Part II	Signature Block				
		nalties of perjury, I declare that I have examined this re ect, and complete. Declaration of preparer (other than o				my knowledge and belief, it
_	40, 00	Name of the second of the seco		sparer riae arry rar	- I	
Sig	nn	Signature of officer			Date	
He		Scott Strand	Evoc	utive Di		
ПС	:16	Type or print name and title	Exec	ucive Di	.Tectc) <u>T</u>
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	d	Sherry D. Heffernan, Ltd.	. •		9/14 self-er	□"
Pre	parer	Firm's name	ernan, Ltd.	' 1	Firm's EIN	, ,
	e Only	6650 Horseshoe			I IIII S LIIN F	
	•	Firm's address Corcoran, MN	55340-9549		Phone no.	763-478-6518
Ma	y the IR	S discuss this return with the preparer shown ab			i none no.	X Yes No
		vork Reduction Act Notice, see the separate instruc				Form 990 (2013)

m 990 (2013) Minnesota Center for Environmental 23-7412105	Page Z
Part III Statement of Program Service Accomplishments	47
Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission: The Minnesota Center for Environmental Advocacy is a nonprof that uses law, science and research to protect Minnesota's e	it organizatio environment, it
natural resources and the health of its people.	
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.	Yes X No
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.	ad ha
Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	-
the total expenses, and revenue, if any, for each program service reported.	11613,
a (Code:) (Expenses \$ 438,480 including grants of \$) (Revenue \$ Clean Energy: focuses on long-term development of modern are energy sources for Minnesota and the replacement of out-date	ed
environmentally harmful energy sources like coal-fired power support this goal, MCEA serves as legal counsel for several Energy Partners including The Izaak Walton League, Wind on t Energy, Center for Energy and the Environment and Sierra Clu	Minnesota the Wires, Fre
······	
Public Disclosure Copy	
b (Code:) (Expenses \$ 361,981 including grants of \$) (Revenue \$)
Water Quality: focuses on protecting Minnesota's greatest na and economic asset, its water. For example, MCEA advocates adoption of protective nitrogen and phosphorous standards for waters, defends the state's numeric nitrogen and phosphorous lakes and reservoirs, and fully participates in large-scale plans for turbidity reductions in the Minnesota River and phosphorous in Lake Pepin. MCEA also acts as a watchdog to a clean water funds from the Legacy Amendment are targeted efficient to provide legal and technical pressure on Minnesota officials to meet federal standards for water quality permit enforcement.	for the or flowing s standards for implementation osphorus assure that ectively. MC
Land Use and Transportation: advocates for public policy planding mechanisms that support more compact and mixed-use development, broaden the choices for how we live and get are residents access to the region's environmental, social and exportunities, protect forest, farms, and natural areas, and quality of the air we breathe and the water we drink. MCEA certain that racially diverse and transit-dependent neighbor benefit from the region's substantial investment in transity MCEA also works to integrate authorities and align investment local, regional and state levels to mitigate Minnesota's congreenhouse gas emissions and adapt to the coming changes in	forms of bund, provide economic dimprove the works to make thoods will way corridors. Its at the atribution to
C (Code:) (Expenses \$ 181,633 including grants of \$) (Revenue \$ Land Use and Transportation: advocates for public policy planding mechanisms that support more compact and mixed-use development, broaden the choices for how we live and get are residents access to the region's environmental, social and experimentally operated forest, farms, and natural areas, and quality of the air we breathe and the water we drink. MCEA certain that racially diverse and transit-dependent neighbor benefit from the region's substantial investment in transity MCEA also works to integrate authorities and align investment local, regional and state levels to mitigate Minnesota's congreenhouse gas emissions and adapt to the coming changes in d Other program services. (Describe in Schedule O.) (Expenses \$ 236,033 including grants of \$) (Revenue \$	forms of bund, provide economic dimprove the works to make thoods will way corridors. Its at the atribution to

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹.
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			₹.
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	х	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
11	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa	21	
b	of its total assets reported in Part X, line 16:21 West Complete Shed ID Start VE CODV	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	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?			7.5
	If "Yes," complete Schedule G, Part III	19		X
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		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or ker employee? IS es Com ete Scredule Charty	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2012)
		_	uul	E (0040)

Form 990 (2013) Minnesota Center for Environmental 23-7412105 Page 5 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 14 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 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? X 1c 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the denor of the value of the goods or services provided?

Did the organization sell, exchange, or diverse as lose of an organization sell, exchange, or diverse as lose of an organization sell. X 7b required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year ______ X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a

Note. See the instructions for additional information the organization must report on Schedule O. 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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

X

13b

Form 990 (2013) Minnesota Center for Environmental 23-7412105 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 17 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedure Governing the activities of the patterns, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

Form **990** (2013)

651-223-5969

26 East Exchange Street, No. 206

MN 55101

St. Paul

organization: ▶ The Organization

Form 990 (2013) Minnesota	Center	for	Environmental	23-	7412105
	CETTEET	TOT	FIIATI OITHETICAT	. 4 3-	/ 414103

Page **7**

	/						
Part VII	Compensation of Officers	, Directors,	, Trustees, Ke	y Employees,	Highest Co	mpensated Employ	yees, 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	box	Position (do not check more box, unless person officer and a director			is both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 root midd)	organization and related organizations
(1)Jaclyn Schroede										
Director	1.00	X	. 1:	_	Ð	i	~	0	0	0
(2) Kent White; thr		hliá)‡[£2	201	165	GI	osure Co	рy	
Director	1.00	х						0	0	0
(3)Merritt Clapp-S								<u> </u>		
Director	1.00	x						0	0	0
(4) Andrew Steiner										
Director	1.00	х						0	0	0
(5) Sara Thurin Rol										
Director/Secretary	1.00	х		х				0	0	0
(6) John Helland	0.00	Λ						U	U	0
Director/Chair	1.00	x		x				0	0	0
(7) Ellen Herman										
Director	1.00	x						0	0	0
(8)Bridget A. Hust		уh	Ma	ırc	:h	20	14			
	1.00									
Director (9) Alan Thometz	0.00	X						0	0	0
(9) ATAII IIIOMECZ	1.00									
Director/Vice-Chair	0.00	х						0	0	0
(10)Alexandra Klass										
Director	1.00	x						0	0	0
(11)Larry Downing;	started 1.00	Ma	ırc	h	20	14				
Director	0.00	X						0	0	0
DAA										Form 990 (2013)

orm 99	0 (2013	Minnesota	Center	for	Environmental	23-	74121	.0!	5
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Pa	rt VII Section A. Officer	s, Directors, T	rust	ees,	Key	/ Em	ploy	yees	, and Highest Compens	ated Employees (contin	ued)	
Name and title Ave hour we (list		(B) Average hours per week (list any	bo	x, unle		erson	is botl	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	с	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related organizations
(12)]	Mehmet Konar-St	eenberg 1.00										
Dir	rector	0.00	X						0	0		0
(13)(Gene Merriam											
	rector/Treasurer	1.00	x		х				0	0	ı	0
(14)	Steve Piragis;	through	Ja	anı	ıaı	Y	20	14				
Dir	rector	1.00	x						0	0		0
	Irene Qualters	0.00	22									
	~	1.00										
	rector	0.00	X						0	0	<u> </u>	0
(16)	Peter Reich	1.00										
Dir	rector	0.00	X						0	0	1	0
	Matt Samuel											
		1.00	3,5									0
	rector Don Shelby; thr		X nua	ary	2	201	14		0	0		0
Dir	rector	1.00	ı M	\li			ic		osure Co	0		0
	Fred Morris	0.00	LN) 	U	Ρ	43	U	osuie Co	Dy °		
		1.00							_	_		
	rector	0.00	X						0	0	<u> </u>	0
	Sub-total Total from continuation sh	eets to Part VII	 Se	ctio	 n Δ		• • •		118,451			11,167
	Total (add lines 1b and 1c)							•	118,451			11,167
2	Total number of individuals (reportable compensation from				to th	ose	liste	d ab	ove) who received more	than \$100,000 in		-
3	Did the organization list any				or tri	ıste	e ke	v en	nnlovee or highest comp	ensated		Yes No
	employee on line 1a? If "Yes	," complete Sch	nedu	le J	for s	uch	indiv	/idua	al			3 X
4	For any individual listed on li organization and related organization	ne 1a, is the su anizations great	m of er th	repo	ortab 8150	ole co	omp	ensa "Yes	ation and other compensa ation and other compensa	ition from the		
	individual											4 X
5	Did any person listed on line for services rendered to the	1a receive or a	ccru	e co	mpe	nsaı	tion 1	rrom	any unrelated organization	on or individual		5 X
Sect	ion B. Independent Contrac			3, 0	отпрі	0.0	00110	Jaare	o tor oden percent			
1	Complete this table for your compensation from the organ	five highest con	npen	sate	d ind	depe	ende	nt co	ontractors that received m	ore than \$100,000 of	toy year	
		(A) d business address	COII	ipen	isalic	טו ווכ	n trie	Can		(B) otion of services	lax year	(C) Compensation
	Name and	a pusitiess address							Descri	DIIOTI DI SELVICES		Compensation
2	Total number of independent	t contractors (in	clud	ina h	out n	ot lir	nited	to t	hose listed above) who			
	received more than \$100,000	0 of compensati	ion f	rom	the c	orga	nizat	tion)	0		- 000
DAA												Form 990 (2013)

11/09/2014 10:09 AM											
Form 990 (2013) Minnesot Part VII Section A. Officer								mental 23-741 , and Highest Compens		ued)	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than o box, unless person is both officer and a director/truste					one i an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compening from organiz	ated nt of er sation the
vo (h V v 11-	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			and rel organiza	
12)Steve Kinsella Director	1.00	x						0	0		0
(13)Jane Krentz; st	arted Ma		h	20	14	1		J J	0		
Director	1.00	X						0	0		0
(14)Scott Strand	40.00										
Executive Director (15)	0.00			X				118,451	0		11,167
(16)											
(17)											
(18) (19)	Р	uk	ile	С	D	is	C	osure Co _l	py		
1b Sub-total		 I, Se	ctio	n A .			>	118,451			11,167
d Total (add lines 1b and 1c)2 Total number of individuals (including but no	t lim	ited			liste	▶ d ab	ove) who received more t	 than \$100,000 in		
reportable compensation from	m the organizati	ion	<u> </u>								Yes No
3 Did the organization list any employee on line 1a? If "Yes	," complete Sch	nedul	le J f	for s	uch	indiv	idua	al		3	
4 For any individual listed on li organization and related org- individual		er th	an \$	150	,000)? If "	Yes			4	
5 Did any person listed on line for services rendered to the	1a receive or a	ccru	е со	mpe	nsat	tion f	rom		on or individual	5	
Section B. Independent Contrac									4 00000		
 Complete this table for your compensation from the orga 	nization. Report							endar year ending with or	within the organization's		
Name and	(A) d business address							Descrip	(B) tion of services	Co	(C) ompensation

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

Pa	art V	VIII Statement of Revenue Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII		
(O +o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a	Federated campaigns 1a				
Sign	b	Membership dues 1b				
ts, An	С	Fundraising events 1c 103,656				
₽Ę	d	Related organizations 1d				
ž,	е	Government grants (contributions) 1e				
S	f	All other contributions, gifts, grants,				
bet		and similar amounts not included above 1f 860,675				
ĘÒ	а	Noncash contributions included in lines 1a-1f: \$ 50,334				
Cor	h	Total. Add lines 1a–1f	964,331			
) Le		Busn. Code				
ver	2a	= 44.004	286,392	286,392		
Re	b					
иcе	c					
Sen	d	·····				
E						
gra	f	All other program service revenue				
Pro		Total. Add lines 2a–2f	286,392			
_	3	Investment income (including dividends, interest,				
		and other similar amounts)	34,014			34,014
	4	Income from investment of tax-exempt bond proceed	0 1 / 0 1 1			0 - 7 0 - 1
	5	Royalties				
	"	(i) Real (ii) Personal				
	62	Gross rents	-			
	١.		-			
	b					
	l -	Rental inc. or (loss) PUDIC L	•	1 /		
	d 7a	Net rental income or (loss) Gross amount from (i) Securities (ii) Other				
		sales of assets (ii) Securities (iii) Other	-			
		other than inventory 56,312	-			
	D	Less: cost or other basis & sales exps. 35,746				
			-			
		` '/	20 F66	20 F66		
		Net gain or (loss)	20,566	20,566		
ne	ва	Gross income from fundraising events				
ven		(not including \$ 103,656				
Re		of contributions reported on line 1c).				
ē		See Part IV, line 18 a 22,090				
Other Revenue		Less: direct expenses b 16,818				
_		Net income or (loss) from fundraising events	5,272			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	-			
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances a	_			
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busn. Code				
	11a	Unemployment reserve dist. 900099	20,962			20,962
	b					
	С					
		All other revenue				
	е	Total. Add lines 11a–11d	20,962			
	12		1,331,537	306,958	0	5 4, 976

Sect	ion 501(c)(3) and 501(c)(4) organizations must	•	•	t complete column (A).	
	Check if Schedule O contains a resp	onse or note to any line i	in this Part IX		X
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 460	00 400	20 004	20 004
_	trustees, and key employees	124,468	82,480	20,994	20,994
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	010 257	740 060	07 500	02.700
7	Other salaries and wages	919,357	748,060	87,588	83,709
8	Pension plan accruals and contributions (include	10 170	0.076	4 010	4 202
_	section 401(k) and 403(b) employer contributions)	18,170	8,976	4,812	4,382
9	Other employee benefits	CO 2CE	F2 020	7 0 6 7	7 5 6 0
10	Payroll taxes	68,365	52,930	7,867	7,568
11	Fees for services (non-employees):				
a	Management				
b	Legal	15 005		15 007	
С.	Accounting	15,907		15,907	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	hlic Died	ocura i oi	7\/ 12.046	
f		DIC 1318G	osuie col	Oy 13,846	
g	Other. (If line 11g amount exceeds 10% of line 25, column	151 561	147 055		4 506
	(A) amount, list line 11g expenses on Schedule O.)	151,561	147,055		4,506
12	· <u> </u>	76.660	CO 111	2 204	F 274
13	Office expenses	76,669	69,111	2,284	5,274
14	Information technology				
15	Royalties	E0 700	F4 7C0	2 460	1 542
16	Occupancy	58,780	54,768	2,469	1,543
17	Travel	14,311	13,735	288	288
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,400	3,254	97	49
19	Conferences, conventions, and meetings	3,400	3,234	37	43
20	Interest				
21	Payments to affiliates	2 207	1 516	252	620
22	Depreciation, depletion, and amortization	2,397 11,784	1,516 6,236	4,993	629 555
23	Other expenses. Itemize expenses not covered	TT, /04	0,230	4,333	333
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	Dues & subscriptions	1/ 511	12 170	244	2 007
a	Legal disb./library	14,511 13,351	12,170 13,351	244	2,097
b	Miscellaneous	6,740	4,485	2,255	
q	MISCELLAMEOUS	0,740	7,705	4,435	
d	All other expenses				
e 25	All other expenses	1,513,617	1,218,127	163,896	131,594
25 26	Total functional expenses. Add lines 1 through 24e	T, JTJ, UT/	1,210,12/	103,090	131,334
20	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)				

Part	X Balance Sheet					
	Check if Schedule O contains a response or	note to any line	in this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			843,207	1	863,254
2	Savings and temporary cash investments		2			
3	Pledges and grants receivable, net			327,700	3	75,000
4	Accounts receivable, net	327,700 8,533	4	17,071		
5	Loans and other receivables from current and form					
	trustees, key employees, and highest compensated	d employees.				
	Complete Part II of Schedule L		661		5	
6	Loans and other receivables from other disqualified		efined under section			
	4958(f)(1)), persons described in section 4958(c)(3	(B), and contri	buting employers an	d		
	sponsoring organizations of section 501(c)(9) volur	ntary employees	s' beneficiary			
ts	organizations (see instructions). Complete Part II o	f Schedule L			6	
7 0	Notes and loans receivable, net				7	
ž 8					8	
9	Dranaid avanages and deferred sharess			16,079	9	16,331
10a	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	35,387			
b	Less: accumulated depreciation	4.01	35,387 25,266	1,330	10c	10,121
11	The state of the s			1,330 1,238,264	11	10,121 1,434,662
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 1				13	
14					14	
15	Other seeds Cos Dort IV line 44				15	
16	Total assets. Add lines 1 through 15 (must equal I			2,435,113	16	2,416,439
17	17 Accounts payable and accrued expenses 59,85					63,873
18	Grants payable	D'I		\	18	
19	Grants payable Deferred revenue Public	; DISCI	osure U	ODV 19,142	19	24,250
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Par	t IV of Schedule	e D		21	
22	Loans and other payables to current and former of	icers, directors	,			
	trustees, key employees, highest compensated em	ployees, and				
2	disqualified persons. Complete Part II of Schedule		L		22	
i 23	Secured mortgages and notes payable to unrelated	d third parties	L		23	
24	Unsecured notes and loans payable to unrelated the	nird parties			24	
25	Other liabilities (including federal income tax, paya	bles to related t	third			
	parties, and other liabilities not included on lines 17	'-24). Complete	Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			78 , 995	26	88,123
o l	Organizations that follow SFAS 117 (ASC 958),	check here ▶	X and			
2	complete lines 27 through 29, and lines 33 and					
27				1,127,902	27	1,299,369
28				670,609	28	471,340
29	Permanently restricted net assets			557 , 607	29	557,607
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (AS	C 958), check h	here ▶ and			
<u> </u>	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	1 1 7 7 11				31	
32	3 , ,	me, or other fun	nds		32	
33				2,356,118	33	2,328,316
34	Total liabilities and net assets/fund balances			2,435,113	34	2,416,439

Form **990** (2013)

-orm	n 990 (2013) Minnesota Center for Environmental 23-7412105			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,33	31,	537
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,51	L3,	617
3	Revenue less expenses. Subtract line 2 from line 1	2	-18	32,	080
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,35	56,:	118
5	Net unrealized gains (losses) on investments	5			278
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	_			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,32	28,	316
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a		X
b	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both: X 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? If the organization changed either its oversight processor selection of a line pendent accountant? Schedule O.		2c	X	

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 in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

3a

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 23-7412105

			Advocacy						20	744	<u> 2 1 0 .</u>	<u> </u>		
P	art I	Reas	on for Public Charity	y Status (All organizatio	ns mus	t compl	ete thi	s part.	.) See	instru	uction	S.		
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	11, check	only one	box.)							
1		A church, co	onvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).						
2	П)(A)(ii). (Attach Schedule E.)										
3	П			perative hospital service organization described in section 170(b)(1)(A)(iii).										
4	H	-	esearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
-	ш	city, and stat	= :					(/(- /	,(,(,			-		,
5		•		t of a college or university owr	ned or one	erated by	a gove	rnments	al unit d	lescribe	d in			
Ŭ	Ш	=	•	=	ica oi opi	orated by	a govo		ar drine o	10001100	,			
6	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
6	v		-	=					. 46		منامانيم			
7	X	_		a substantial part of its suppor	t irom a ç	jovernme	mtai uni	t or from	i the ge	enerai p	DUDIIC			
_			section 170(b)(1)(A)(vi).	` '										
8	Н	-		170(b)(1)(A)(vi). (Complete F										
9		=		(1) more than 33 1/3% of its s					-		-	S		
		-		empt functions—subject to cert	-									
			=	and unrelated business taxabl				1 tax) fr	om bus	inesses	S			
			•	30, 1975. See section 509(a)		•	,							
10	Щ	An organizat	tion organized and operate	d exclusively to test for public	safety. Se	ee sectio	n 509(a	1)(4).						
11		-	-	d exclusively for the benefit of,	-				-					
				orted organizations described i		. , .	•		. , . ,		ection			
		509(a)(3). Cl	heck the box that describes	s the type of supporting organi	zation an	d comple	te lines	11e thr	ough 1	1h.				
		a Type	e I b Type II	c Type III–Function	nally integ	grated	d	Тур	e III–N	on-func	tionally	/ integ	rated	
е		By checking	this box, I certify that the	rganization is not controlled di	rectly or i	ndirectly	by one	o <u>r</u> more	disqua	lified p	ersons			
		other than fo	oundation managers and of	hertor boo ormbres wic	Sporte	O rganiza	tibes d	scribe	d in sec	ction 50	9(a)(1))		
		or section 50	09(a)(2).					'						
f		If the organiz	zation received a written de	etermination from the IRS that	it is a Typ	e I, Type	II, or T	ype III s	upporti	ng				
		organization	, check this box											
g		Since Augus	st 17, 2006, has the organiz	zation accepted any gift or con	tribution f	rom any	of the							
_		following pe	rsons?											
		(i) A person	n who directly or indirectly	controls, either alone or togeth	er with p	ersons de	escribed	l in (ii) a	nd				Yes	No
			w, the governing body of th	-				` ,				11g(i)		
			member of a person descr									11g(ii)		
			·	described in (i) or (ii) above?								11g(iii		
h				t the supported organization(s)).									
) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(vi)	s the	(vii)	Amount	of mone	tarv
,		ganization	(-,	(described on lines 1–9	in col. (i) li		the organ	nization in	organizat	ion in col.	(,	supp		,
				above or IRC section	governing	document?		of your oort?	(i) organi	zed in the S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)						<u> </u>			<u> </u>	-				
(~)														
(B)														
(6)														
(C)						 								
(0)														
(D)						<u> </u>								
(-)														
(E)														
Tota	ai 💮										l			

Schedule A (Form 990 or 990-EZ) 2013 Minnesota Center for Environmental 23-7412105

Page 2

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

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	834,199	1,254,816	860,111	1,585,020	964,331	5,498,477
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	834,199	1,254,816	860,111	1,585,020	964,331	5,498,477
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						
***********						1,901,908
						3,596,569
	(2) 2000	(b) 2010	(c) 2011	(d) 2012	(a) 2013	(f) Total
	· · · ·					5,498,477
	634,199	1,254,616	860,111	1,365,020	904,331	3,430,477
payments received on securities loans, rents, royalties and income from similar sources	27,893	23,639	25,391	33,258	34,014	144,195
Net income from unrelated business activities, whether or not the business is regularly carried on	Public I	Disclos	ure Co	ру		
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					20,962	20,962
Total support. Add lines 7 through 10						5,663,634
Gross receipts from related activities, etc	c. (see instructions	s)			12	308,482
First five years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
						_
Public support percentage for 2013 (line	6, column (f) divid	ded by line 11, col	umn (f))		14	63.50%
Public support percentage from 2012 Sc	hedule A, Part II, I	line 14			15	59.86%
33 1/3% support test—2013. If the orga	anization did not cl	heck the box on li	ne 13, and line 14	is 33 1/3% or mo	re, check this	
box and stop here. The organization qu	alifies as a publicly	y supported orgar	nization			► X
					or more,	
	· · · · · · · · · · · · · · · · · · ·		_			▶ ∐
	_					
					•	
Part IV how the organization meets the '	facts-and-circums	tances" test. The	organization qual	ifies as a publicly	supported	. \Box
						▶ ∐
	•				•	
				•		
	neets the "facts-ar	nd-circumstances	" test. The organiz	zation qualifies as	a publicly	
						▶ ∐
instructions						▶ ∐
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. tion B. Total Support Idar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public support percentage from 2012 Sc. 33 1/3% support test—2013. If the organization, check this box and stop here. The organization meets the "organization or organization meets the "organization" or more, and if the organization meets the "organization" or more, and if the organization meets the "organization organization organization organization organization organization. If the organization organization organization organization. Private foundation. If the organization organization. Private foundation. If the organization organization. Private foundation. If the organization organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. **tion B. Total Support** dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions First five years. If the Form 990 is for the organization's five organization, check this box and stop here tion C. Computation of Public Support Percetion C. Computation Percetage from 2013 (In 6, column (f) divice Public Support Percetage from 2013 (In 6, column (f) divice Public Support Percetage from 2013 (dar year (or fiscal year beginning in) (a) 2009 (b) 2010 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 834,199 1,254,816 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 834,199 1,254,816 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subfract line 5 from line 4. ttion B. Total Support dar year (or fiscal year beginning in) (a) 2009 (b) 2010 Amounts from line 4 834,199 1,254,816 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, organization, check this box and stop here Public support percentage for 2013 (line 6, column (f) divided by line 11, col public support percentage from 2012 Schedule A, Part II, line 14 33 1/3% support test—2012. If the organization did not check the box on line check this box and stop here. The organization qualifies as a publicly support 10% or more, and if the organization meats the "facts-and-circumstances" test—2013. If the organization did not check a box on line check this box and stop here. The organization meats the "facts-and-circumstances" test—2014. If the organization meats the "facts-and-circumstances" test. The organization 10% or more, and if the organization meets the "facts-and-circumstances" test. The organizat	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization without charge. Total Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. tion B. Total Support and the benefits of the spread of the supported organization. Supported organization included spread or the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related advities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here. The organization did not check the box on line 13, and line 14 box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test. The organization rows pupported organization in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization provided organization. Private foundation. If the organization did not check a box on line 13 is 16, 16b, 17a, or 17b, with the organiz	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. ### Hon B. Total Support ### Hon B. Total Suppo	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization without charge to provide the organization without charge to provide the organization without charge turnished by a governmental unit to the organization without charge organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, sparyments reclaved on securities loans, tents, royalties and income from similar sources. Public support conduction or control organization organization organization organization or line to organization organization. The organization organization organization organization organization organization. Public support percentage from colta organization organization organization. The organization check his box and stop here. The organization qualifies as a publicly supported organization organization organization. Power, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check his box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation

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

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

Sec	tion A. Public Support	'		· •	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support ndar year (or fiscal year beginning in)	1 (4) 2460 -	D '(b) 2040-	(a)-201 ()	(4) 2042	(2) 2012	(f) Total
9	Amounts from line 6	OMBIIC	DISCIOS	sufe Co) (d) ²⁰¹²	(e) 2013	(f) 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 businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for thorganization, check this box and stop he	•			•	on 501(c)(3)	•
Sec	tion C. Computation of Public S						······
15	Public support percentage for 2013 (line			olumn (f))		15	%
16	Public support percentage from 2012 Sc	hedule A, Part II	l, line 15	<u></u>		16	%
Sec	tion D. Computation of Investm					, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2013			e 13, column (f))		17	%
18	Investment income percentage from 201					18	%
19a	33 1/3% support tests—2013. If the org						
L	17 is not more than 33 1/3%, check this	-	_				► _
b	33 1/3% support tests—2012. If the org line 18 is not more than 33 1/3%, check						and
20	Private foundation. If the organization of						······
			,	,		*	

Part IV	(Form 990 or 990-EZ) 2013 Minnesota Center for Environmental 23-7412105 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4 b; and
	Public Disclosure Copy	

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

Department of the Treasury Internal Revenue Service

Advocacy

Name of the organization

Minnesota Center for Environmental

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

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

23-7412105

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

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						
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
For an organization fili	ing Form 990, 990 EZ 1 5990 RF hat received during the rear \$5,000 compore (in money or e contributor. Complete Parts I and II.						
Special Rules							
under sections 509(a)	s) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. II.						
during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, contri not total to more than year for an exclusively applies to this organiz	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, butions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or						
Caution. An organization that 990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Minnesota Center for Environmental

Employer identification number 23-7412105

Part I	art 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		\$ 27,744	Person Payroll X Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 205,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3	Public Disclosu	s 80,000 re Copy	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No	Name, address, and ZIP + 4	Total contributions \$ 35,000	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			
5		\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution			
6	Name, audress, and ZIF + 4	Total contributions \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number 23-7412105

	esota Center for Environmental	23	-7412105
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,000	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
8		\$ 20,000	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
9	Public Disclosu	s 20,000 re Copy	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
		Total contributions	Type of community
10		\$ 19,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 19,400 (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	, ,	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a)	, ,	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule C (Form 990 or 990-EZ) and its Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

instructions is at www.irs.gov/form990.

- 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.

Minnesota Center for Environmental

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to 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.

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

• 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

	Advocacy			23-74121	.05
Pa	t I-A Complete if the organization is exe	empt under section 501	(c) or is a se	ction 527 organi	zation.
1	Provide a description of the organization's direct and inc				
2	Political expenditures			> \$	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exe	empt under section 501	l(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	nization under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organiza	ation managers under section	4955	▶\$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exe				
1	Enter the amount directly expended by the filing organizactivities	zation for section 527 exempt f	unction		
	activities PUDITC	Disclosure	Copy	▶\$	
2	Enter the amount of the filing organization's funds contr	=			
	527 exempt function activities	<u>.</u>		> \$	
3	Total exempt function expenditures. Add lines 1 and 2.				
	line 17b			> \$	
4	Did the filing organization file Form 1120-POL for this y				Yes No
5	Enter the names, addresses and employer identification				_
	organization made payments. For each organization list				
	the amount of political contributions received that were			_	
	as a separate segregated fund or a political action com				
	(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
(4)					none, onter o .
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2013 Minnesota Center for Environmental 23-7412105

Page 2

Pa	rt II-A Complete if the organisection 501(h)).	nization is exempt under section 501(c)(3)	and filed Form 5768 ((election under					
	Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lo (The term "expenditures"	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0						
b	Total lobbying expenditures to influence	e a legislative body (direct lobbying)	63,613						
c		la and 1b)	63,613						
c	Other exempt purpose expenditures	,	1,450,004						
	Total exempt purpose expenditures (ad	1,513,617							
	Lobbying nontaxable amount. Enter the columns.		225,681						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.							
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)	56,420						
h	Subtract line 1g from line 1a. If zero or	ess, enter -0-	0						
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-	0	<u>-</u>					

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

L	Loppying Expenditure Sturing & Veder Everaging Berrod									
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total					
2a Lobbying nontaxable amount	226,500	221,671	218,550	225,681	892,402					
b Lobbying ceiling amount (150% of line 2a, column(e))					1,338,603					
c Total lobbying expenditures	58,817	54,264	56,602	63,613	233,296					
d Grassroots nontaxable amount	56,625	55,418	54,638	56,420	223,101					
e Grassroots ceiling amount (150% of line 2d, column (e))					334,652					
f Grassroots lobbying expenditures				0						

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

Page 3

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		1)	(b)
	escription of the lobbying activity.		No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
	Direct contact with legislators, their staffs, government officials, or a legislative body?			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j	Total. Add lines 1c through 1i			
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			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da	rt III A Complete if the examination is exampt under coetion E01/o)/A) coetion E	04/-1	/E\	ar acation

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-S (intesting Sand Pare answered "No," OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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 expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part IV, Additional Information

MCEA reports its "direct lobbying expenditures" as defined by federal tax law. That is limited to efforts to "influence" specific pieces of legislation, and does not include advocacy work in the executive or judicial branches, nonpartisan analysis of policy issues and related communications and handling requests for information from legislators or

Part IV Supplemental Information (continued)
staff. "Lobbying" under Minnesota campaign finance law is much broader
than "lobbying" under federal tax law.
In 990 returns filed prior to 2010, MCEA included expenditures for some
activities that would fall outside the federal definition of lobbying.
This return consinutes MCEA reporting to the federal definition.
Public Disclosure Copy
T ubile Disclosure Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization Employer identification number

Inspection

	innesota Center for Environmental dvocacy		23-7412105
		Funds or Other Similar Funds	
Γć	organizations Maintaining Donor Advised I Complete if the organization answered "Yes" t	n Form 990 Part IV line 6	or Accounts.
	Complete il tile organization answered Tes t		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor advisors		I
	only for charitable purposes and not for the benefit of the donor or of	lonor advisor, or for any other purpose	
			Yes No
Pa	rt II Conservation Easements.	5 000 D 1 N 1 7	
	Complete if the organization answered "Yes" t		
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements on a certified historic structure Number of conservation easements included in a conservation easements included in a conservation easements.	310,541ftG aCODV	
	historic structure listed in the National Register	1 7	2d
3	Number of conservation easements modified, transferred, released		anization during the
	tax year >		•
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds:		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
	>	3	,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the v	/ear
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfied the conservation can be satisfied as the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation of the conservation can be satisfied to the conservation of the conservati	sty the requirements of section 170(h)(4	A)(B)
-	(i) and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservation eas		
-	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	rt. Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" t		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958		and halance sheet
	works of art, historical treasures, or other similar assets held for put		
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
-	works of art, historical treasures, or other similar assets held for put		
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Forms COO Dout V		\$ \$
2	If the organization received or held works of art, historical treasures	or other similar assets for financial gain	
_	following amounts required to be reported under SFAS 116 (ASC 9)	_	n, provide trie
•			b ¢
a h	Revenues included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2013 Minneso	ta Center f	or Environ	mental 23-7	412105	Page 2
	rt III Organizations Maintair					
	Using the organization's acquisition, accollection items (check all that apply):					, (coaca)
а	Public exhibition	d 🗌	Loan or exchange pro	ograms		
b	Scholarly research					
c	Preservation for future generations		0			
	Provide a description of the organization	's collections and exp	lain how they further t	the organization's exe	emnt nurnose in Part	
•	XIII.	o conconono ana exp	iam now they further	and organization of exc	impi parposo in r art	
5	During the year, did the organization sol	icit or receive donation	ns of art historical tre	asures or other simils	ar	
3	assets to be sold to raise funds rather th					Yes No
Pa	rt IV Escrow and Custodial		s part of the organiza	dion's collection:		ies ito
1 U	Complete if the organiza		es" to Form 990	Part IV line 9 or	reported an amo	unt on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, cus	stodian or other interm	ediary for contribution	ns or other assets not		
_						Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:			A
						Amount
d	Additions during the year				1d	
е	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount					Yes No
	If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation has bee	n provided in Part XII	l	
Pa	rt V Endowment Funds.	ti	" t-	David IV / 15 40		
	Complete if the organiza					T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	1,235,158	1,212,039	1,178,061	997,961	899,758
b	Contributions					
	Net investment earnings, gains, and losses	Public, 15	sclosure	COB3/247	191,311	105,700
	Grants or scholarships					
е	Other expenditures for facilities and					
	programs		60,000			
f	Administrative expenses	13,845	12,438		11,211	
g	End of year balance	1,431,063			1,178,061	997,961
2	Provide the estimated percentage of the		nce (line 1g, column	(a)) held as:		
	Board designated or quasi-endowment I					
	Permanent endowment ► 39.00 %	6				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c	should equal 100%.				
3a	Are there endowment funds not in the po	ossession of the organ	nization that are held a	and administered for t	he	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organization	ations listed as require	d on Schedule R?			3b
	Describe in Part XIII the intended uses of	of the organization's er				
Pa	rt VI Land, Buildings, and E					
	Complete if the organiza	tion answered "Ye	es" to Form 990,	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other I	pasis (b) Cost or o	other basis (c) A	Accumulated	(d) Book value

(investment)

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

(other)

35,387

depreciation

25,266

6 10,121 10,121 Schedule D (Form 990) 2013

1a Land

e Other

b Buildingsc Leasehold improvements

Schedule D (Form 990) 2013 Minnesota Center for Environmental 23-7412105

Part VII	Investments—Other Securities.	- Farrer 000 Dart IV	line 44h Con Farm 00	O Dort V line 10
	Complete if the organization answered "Yes" to			
	(a) Description of security or category	(b) Book value	(c) Method of	
,,, _,	(including name of security)		Cost or end-of-year	ar market value
(1) Financial				
	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV	, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		_		
Total (Colum	n (b) must equal Form 990, Part X, tol. (b) Inc. 13	Hostire Co		
Part IX	Other Assets.	nosaic ot	- 	
raitin	Complete if the organization answered "Yes" to	o Form 990 Part IV	line 11d See Form 00	00 Part Y line 15
	(a) Description	or onn 990, rantiv	, iiile 11a. See 1 oiiii 99	(b) Book value
(1)	(a) Description			(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV	, line 11e or 11f. See F	orm 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on /b) must equal Form 000. Part V and /D) line 05 \			
	In (b) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the text of the f	ootnote to the erganization	on's financial statements that	roporto tho
z. i addiliv (0)	THE ELECTION OF A DESCRIPTION OF THE PART OF THE PART OF THE PERT	oondore to the ordani/ali(s unanciai statements mat	1 - 1 1 1 1 N 1 1 1 H

MCEA's Board of Directors sets the spending policy for the Endowment Fund and considers the balance between re-investment of annual earnings with the operating needs of the organization.

Part X - FIN 48 Footnote

The organization has evaluated its potential exposure for uncertain tax positions and management has expressed there are no uncertain tax positions as of June 30, 2014. Tax returns for the past three tax years remain open for examination by tax jurisdictions.

Schedule D (Form 990) 2013 Minnesota Center for Environmental 23-7412105	Page 5
Part XIII	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		
	Public Disclosure Copy	
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SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public

Minnesota Center for Environmental Employer identification number Name of the organization 23-7412105 Advocacy Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) Yes No 2 Public Disclosure Copy 5 6 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Form 990 or 990-EZ) 2013 Minnesota Center for Environmental 23-7412105 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		<u> </u>	oss receipts greater than w			
е			(a) Event #1 Legally Green G (event type)	(b) Event #2 House Parties (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	78,596	42,815		121,411
		Less: Contributions Gross income (line 1 minus	59,581	42,815		102,396
		line 2)	19,015			19,015
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,000			1,000
	7	Food and beverages .	9,667			9,667
Direc	8	Entertainment				
	9	Other direct expenses	770	684		1,454
			y. Add lines 4 through 9 in column	n (d) n (d)		12,121 6,894
P		III Gaming. Com	plete if the organization ar	swered "Yes" to Form 990	Part IV, line 19, or re	eported more
		than \$15,000	on Form 900-ELDineGaL	<u> Disclosure Co</u>	Dy	·
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						, , , , , , , , , , , , , , , , , , ,
	1_	Gross revenue				
enses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4		i i			-
		Rent/facility costs				
	5	Rent/facility costs Other direct expenses				
			Yes % No	Yes % No	Yes %	
	6	Other direct expenses Volunteer labor		No	No	
	6	Other direct expenses Volunteer labor Direct expense summary	No y. Add lines 2 through 5 in column	No	No ►	
а	6 7 8 En Is t	Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the	No y. Add lines 2 through 5 in column mary. Subtract line 7 from line 1, ne organization operates gaming a	No No	No	Yes No
a b	6 7 8 En Is t	Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to No," explain:	No y. Add lines 2 through 5 in column mary. Subtract line 7 from line 1, ne organization operates gaming atto operate gaming activities in each	n (d) column (d) activities:	No	Yes No

Sche	edule G (Form 990 or 990-EZ) 2013	210	5	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
_	formed to administer charitable gaming?		Π,	res No
13	Indicate the percentage of gaming activity operated in:	I I	ш	. 0010
	· · · · · · · · · · · · · · · · · · ·	120		0/
a	· · · · · · · · · · · · · · · · · · ·	13a		<u>%</u>
b	*	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		,	res No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ and the			
~	amount of gaming revenue retained by the third party ▶\$			
_	If "Yes," enter name and address of the third party:			
C	in res, enter hame and address of the tillid party.			
	Marra N			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶\$			
	D II' D' I			
	Description of services provided ► Public Disclosure Copy			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а				
_	retain the state gaming license?		Π,	Yes No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		ш	.0010
	spent in the organization's own exempt activities during the tax year ▶\$			
Dai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	<u>d (v)</u>	and
Гаі	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pro-			, and
	additional information (see instructions).	JVIGE	arry	
	additional information (see instructions).			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Minnesota Center for Environmental Advocacy

Employer identification number

23-7412105

Pa	art I Types of Property	•					
		(a)	(b)	(c) Noncash contribution	(d)		
		Check if	Number of contributions or	amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts		
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded	X	17	43,034	Selling price		
10	Securities — Closely held stock						
11	Securities — Partnership, LLC,						
	or trust interests						
12	Securities — Miscellaneous						
13	Qualified conservation						
	contribution — Historic						
	structures						
14	Qualified conservation						
	contribution — Other	- Di	ublic Dice	Hactura Ca			
15	Real estate — Residential		אפוע אווטג	losure Co	ру		
16	Real estate — Commercial						
17	Real estate — Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			T 200			
25	Other ►()	X	6	7,300	Fair market value		
26	Other ►()						
27	Otner ()						
28	Other ►(
29	Number of Forms 8283 received by	_					
	which the organization completed F	-orm 8283	3, Part IV, Donee Ackno	wledgement	29		N
	District the second of the sec		harantag e		4 00 tht	Yes	No
30a	During the year, did the organization						
	it must hold for at least three years						77
	used for exempt purposes for the e		ing period?		30	а	X
b	If "Yes," describe the arrangement		P. d. d. d. d. d.				
31	Does the organization have a gift a	cceptance	e policy that requires the	e review of any non-standa	8000000000	v	
00-					31	X	
32a	Does the organization hire or use the	•	•	•	20		v
					32	а	X
b	If "Yes," describe in Part II.		n nakuman (a) f	of managements for the late of the	on (a) is absolved		
33	If the organization did not report an	amount i	n column (c) for a type	or property for which colur	nn (a) is checked,		
	describe in Part II.						

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	Public Disclosure Copy
	r danc Dicolocal C Copy

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Minnesota Center for Environmental Advocacy

Employer identification number 23-7412105

Form 990, Part III, Line 4c - Third Accomplishment climate.

Form 990, Part III, Line 4d - All Other Accomplishment Mining: addresses the potential environmental impacts of proposed nonferrous sulfide mining projects in northeastern Minnesota, including water and air pollution, wetland conversion and tailings basin stability. MCEA's focus is to ensure that the proposed mines prove they can meet applicable environmental standards, that agencies use the best available science to evaluate these proposals, and the long-term interest of taxpayers and the environment are protected. Copy

Wildlife and Natural Resources: works to conserve, protect, and advocate for policies and practices that will sustain lakes, rivers, streams, wetlands and forests, as well as the communities that depend upon them to prevent long term damage and destruction. For example, MCEA has been a key advocate for strengthening Minnesota's Wetland Conservation Act and for funding for actions and research that work to stop the spread of aquatic invasive species.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation Board committees report verbally to the board on committee activities during Board meetings, with board minutes including documentation of committee activities.

Page 2

Name of the organization Employer identification number Minnesota Center for Environmental 23-7412105 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 It is the policy of the Minnesota Center for Environmental Advocacy (MCEA) that MCEA staff will generate all financial information for the external audit and 990 tax return. After staff review of the draft audit and 990 documents, the Administration and Finance Committee of the Board will meet with staff to review the draft documents for approval and recommendation to the Board. The recommendation of the Administration and Finance Committee will be presented to the full Board for adoption. These actions will be completed before the first filing date of November 15 of reporting year. If the full Board cannot meet and consider the recommendation prior to November 15, the Executive Committee may act on behalf of the Board on the Public Disclosure Copy Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Board requires each director, officer and staff member to be advised of the Conflict of Interest Policy, and provided a copy, immediately upon assuming duties or relationship at MCEA. At every other Board meeting, the members are reminded of their obligation to declare any conflicts of interest. Each fall, the board members are provided with the necessary forms to update their status. Staff works with Board members to have all forms completed and returned. Form 990, Part VI, Line 15a - Compensation Process for Top Official The following describes the process used by MCEA to set compensation for

its executive director.

Name of the organization

Minnesota Center for Environmental

23-7412105

MCEA compensation includes salary and benefits. The benefits package includes paid time off (accrued at varying rates based on tenure) and a benefits payment that can be used to purchase health care, purchase other coverage, contribute to retirement or be used in another manner as determined by the employee. Every employee receives the same benefit package. The benefits payment is designed to cover at least the cost of individual health care insurance for the employee. The amount of the payment is reviewed annually and adjusted as coverage costs and budget allow.

MCEA salary compensation for the executive director is determined based on the following factors:

- 1. Current salary and tenure of incumbent (or previous incumbent if filling vacancy).
- 2. Salary and tenure of the cable constitute, Cincluding other organizations of like size and activity as reported on their 990.
- 3.A survey of the existing market based on similar job postings on the MN Council of Nonprofits website, local newspapers and job boards and national sources such as Monster.com.
- 4.A published survey of reported salaries/compensation for executive director or other top positions. The primary source for this information in Minnesota is the Minnesota Nonprofit Salary and Benefits Survey published regularly by the MN Council of Nonprofits.

This information is evaluated by the Board of Directors executive committee, with action recommended by the committee submitted to the full board for final approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization	. ,				Employer identification numb	er
	Minnesot	ca Center for	Environmenta	L	23-7412105	
The organ	nization's	governing do	ocuments, conf	lict of in	teret policy	and
financial	. statemen	ts are availa	ble to the pu	blic upon	request. In	1
addition,	Form 990	is published	l at www.Guide	star.com.		
		······				
Form 990,	Part IX,	Line 11g - C	ther Fees for	Services		
Descripti		······				
		m Service	Mgt & Ge	neral	Fundra	ising
Consultan						
				_		
	\$	147,055	\$	0	\$	4,506
		Public D	Disclosure	Copy		

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Minnesota Center for Environmental Name(s) shown on return Identifying number 23-7412105 Advocacy Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 2,397 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 2,397 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

23-7412105 FYE: 6/30/2014

Federal Asset Report Form 990, Page 1

11/09/2014 10:09 AM

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	% 179Bonus	for Depr	PerConv Meth	Prior	Current
	Depreciation:							
3	Office improvements	12/31/02	14,471		14,471	10 MO S/L	14,471	0
5	2 laptop workstations	6/30/04	3,765		3,765	3 MO S/L	3,765	0
	Sold/Scrapped: 6/30/14							
7	IBM PC computer	12/30/04	1,671		1,671	3 MO S/L	1,671	0
	Sold/Scrapped: 6/30/14							
8	Computer system	12/31/05	33,557		33,557	3 MO S/L	33,557	0
	Sold/Scrapped: 6/30/14							
9	computers	1/01/09	5,626		5,626	3 MO S/L	5,626	0
	Sold/Scrapped: 6/30/14							
10	Custom workstation	8/26/09	2,200		2,200	3 MO S/L	2,200	0
11	Laptop	10/06/09	1,552		1,552	3 MO S/L	1,552	0
12	Three computers	4/28/10	1,602		1,602	3 MO S/L	1,602	0
16	Dell - 4 Optiplex computers	10/12/10	2,777		2,777	3 MO S/L	2,777	0
17	Tech Guru-GIS Manager desktop	5/22/13	1,597		1,597	3 MO S/L	267	532
18	Dell replacement server	7/03/13	6,838		6.838	3 MO S/L	0	1,140
19	Donor Pro Software/Conversion	2/12/14	4.350		4,350	3 MO S/L	Õ	725
	T (104 P		,				67.400	
	Total Other Depreciation	_	80,006		80,006		67,488	2,397
			00.004		00.004		400	
	Total ACRS and Other Deprec	ciation	80,006		80,006		67,488	2,397
						•		
	Grand Totals		80,006		80,006		67,488	2,397
	Less: Dispositions and Transfe	rs	44,619		44,619		44,619	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		35,387		35,387	•	22,869	2,397
	Tier Grand Totals	=	33,307			:	22,007	2,371

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STATE OF MINNESOTA **CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON

SUITE 1200, BREMER TOWER 445 MINNESOTA STREET ST. PAUL, MN 55101-2130 (651) 757-1311 (651) 296-1410 (TTY) www.ag.state.mn.us

X Annual Reporting Initial Re	gistration
FEDERAL EIN NUMBER23-7412105	
FOR YEAR ENDING: 06/30/14	

G

SE(CTION A: REQUIRED INFORMATION FOR IN			<u> PORTIN</u>
1.	Minnesota Center : Legal Name of Organization: Advocacy	for Environm	ental	
	If annual reporting, is this a new name since the organization'	s last filing Yes X	No	
	If so, please state former name:			
2.	List all names under which the organization solicits contribution Minnesota Center for Environmental Adv			
3.	Mailing Address of Organization (required)	Physical Address of 0	Organization (required)	
	26 East Exchange Street 206	26 East Exchange	Street 206	
	St. Paul MN 55101	St. Paul	MN 55101	
4.	Contact Person Mr. Scott Strand Tel. No. 651-223-5969 Public Discl	E-mail <u>sstrand@mn</u> Fax No. 651-22 OSUIE CO	3-5967	
	Yes X No If so, provide name and address of any outside professional f and state the total amount of compensation each outside fundorganization during the year. Attach schedule if more than a Name	d-raiser received from one.		
	Address			
	City State	Zip	Compensation	
6.	 a) Does this professional fund-raiser solicit or consult in Minr b) Is this professional fund-raiser registered to solicit or cons 			
7.	Month and day accounting year ends: 6/30			
8.	Has the organization included the filing fee, late fee (if any) are instructions? X Yes No	nd all attachments req	uired by the	

Office Use Only:	ARF	\$25	\$50		N (e-Postcard)	990	EZ	PF	FES	SIG	BD	SAL	Audit	l
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9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$ 964,331
Government Grants	\$ _
Other revenue	\$ 367,206
TOTAL REVENUE	\$ 1,331,537

EXCESS or DEFICIT	\$ -182,080
TOTAL Assets	\$ 2,416,439
TOTAL Liabilities	\$ 88,123

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)\$ 2,328,316

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SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY

Street and Number			
City		TeleTele	phone #
Type of legal entity (Attach Nonprofit corporation	the creating document): Trust Unincorporated	association Other	
Place and date the organiz	ation was incorporated:	(ototo)	(4040)
		(state)	(date)
Yes (Attach a copy of	from federal income taxes? the IRS determination letter) submitted Form 1023 to the IRS		Status: 501(c)(
If the organization is not exagent's name, address and	empt from federal income taxes and I federal EIN:	uses a fiscal agent, state the	
a. By any government ageb. By any court?	denied the right to solicit contribution ency? PUDIC DISCIOS Yes Yes ble purposes of the organization, inc	No If yes, attach explanation	on.
Please mark all items that of	describe the organization's charitable	e mission:	
Environment Me	man Services Civic/Lobbying ntal Health Education hat describe the organization's purports	☐ International ☐ Head Religious ☐ Otherose:	alth
	st describes the organization's prima		
Check one or more method Telephone appeals Direct mail	ds of solicitation the organization anti Grant writing Sweepstal Internet Media	· •	
State the total contributions			

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1.		Has the organization's accounting year changed since the last report was filed Yes No $\overline{f X}$ If yes, provide the new year-end date:									
2	l t	Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. X None Attached									
3		List of the five highest paid directors, officers, and emplorganizations, as that term is defined by section 317A.0 compensation of more than \$100,000, together with the subdivision, "compensation" is defined as the total amo 1099-MISC (Box 7) issued by the organization and its roof fringe benefits and deferred compensation paid by the organizations as that term is defined by section 317A.0 separate item for each person whose compensation is a subdivision.	211, subdivision 18, that compensation paid to unit reported on Form Velated organizations to be charitable organization 11, subdivision 18, sha	t receive total each. For purposes of V-2 (Box 5) or Form the individual. The val on and all related Il also be reported as a	ue						
		Name/Title	Compensation	Deferred Compensation	Fringe Benefits						
	1	see Form 990 Public Dis	closure C	opv							
	2	i delle bie	ologalo o								
	3										
	4										
	5										
4	. /	Attach a list of organization's board of directors. Atta	ached $\overline{\mathbf{X}}$ Included in I	RS Return							
5	t	Attach a GAAP audit if total revenue exceeds \$750,00 he Food Shelf Exemption (excluding from total revenues thelf for redistribution at no cost).	e the value of food don		d						
6	shelf for redistribution at no cost). Audit not required										

with this office is an exact copy, including all schedules and attachments, of the IRS informational return

filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses						
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
Grants and other assistance to governments and organizations in the U.S.						
2 Grants and other assistance to individuals in the U.S.						
Grants and other assistance to governments, organizations, and						
individuals outside the U.S.						
4 Benefits paid to or for members						
5 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 Other salaries and wages						
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 PUDIC	Disclosi	re Copy	/			
12 Advertising and promotion						
13 Office expenses						
14 Information technology						
15 Royalties						
16 Occupancy						
17 Travel						
18 Payments of travel or entertainment expenses for any federal,						
state, or local public officials						
19 Conferences, conventions, and meetings						
20 Interest						
21 Payments to affiliates						
22 Depreciation, depletion, and amortization						
23 Insurance						
24 Other expenses. Itemize expenses not covered above. (Expenses						
grouped together and labeled miscellaneous may not exceed 5% of						
total expenses shown on line 25 below.)						
a						
b						
c						
d All other expenses						
25 Total functional expenses. Add lines 1 through 24d						
26 Joint costs. Check here if following SOP 98-2. Complete						
this line only if the organization reported in column (B) joint costs						
from a combined educational campaign and fundraising						
solicitation						

Minnesota Center for Environmental 23-7412105 SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We,	the undersigned, state and	l acknowledge that we are duly c	onstituted officers of this organization,		
being the _	Executive Director	(Title) and	(Title) respectively, and		
that we exe	cute this document on beh	alf of the organization pursuant to	o the resolution of the		
Board	of Directors	(Board of Directors, Trustees, o	r Managing Group) adopted on the		
	day of	, 20 , approving the content	s of the document, and do hereby		
certify that	the Board of Dir	ectors (Board of Director	s, Trustees or Managing Group)		
has assume	ed, and will continue to ass	ume, responsibility for determinir	ng matters of policy, and have		
supervised,	and will continue to super	vise, the finances of the organiza	tion. We further state that the		
information	supplied is true, correct ar	nd complete to the best of our kno	owledge.		
Scott	Strand				
-	Print)	Name	(Print)		
Signature			Signature		
Execu	tive Director				
Title		Title			
	P	ublic Disclosu	re Copy		
Date	•	Date	· · · · · · · · · · · · · · · · · · ·		

* NOTICE *

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

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