Form

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. For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

OMB No. 1545-0047 2015 Open to Public Inspection

B (Check if applicable:	C Name of organization Minnesota Center for Environment	al	D Employer	dentification number
	Addr∋ss change	Advocacy			
	Nam a change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	12105
	Initia return	26 East Exchange Street, #206	TOOTH SUITE.		23-5969
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	St. Paul MN 55101		G Gross recei	pts\$ 2,111,792
	Ame-ided return	F Name and address of principal officer;			bordinates? Yes X No
	Application pending	Alan Thometz	H(a) Is this a g	group return for su	bordinates? Yes X No
		26 East Exchange Street, #206	H(b) Are all s	ubordinales inclu	ded? Yes No
		St. Paul MN 55101	If "N	o," attach a list. (s	see instructions)
ı	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ▶ V	www.mncenter.org		xemption number	
K	Form of organization	n: X Corporation Trust Association Other ▶	L Year of formation:	1974	м State of legal domicile: MN
F	art I S	ummary			
	1 Briefly d	escribe the organization's mission or most significant activities:			
e	The	Minnesota Center for Environmental Advocacy is			
an	that	t uses law, science and research to protect Min	nesota's env	ironment	t, its.
Governance	nati	ural resources and the health of its people.		1 (1 6 4) (1 4) (1 4)	
300	2 Check th	his box F if the organization discontinued its operations or disposed of more	than 25% of its net a	1 1	
Ø	3 Number				16
Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)			16
Ĭ.	5 Total nu	imber of individuals employed in calendar year 2015 (Part V, line 2a)			23
Act		mber of volunteers (estimate if necessary)			77
					0
	b Net unre	elated business taxable income from Form 990-T, line 34	Prior	7b	Current Year
Revenue	2 Cantrib	utions and greats (Port VIII line 1h)		65,403	1,303,153
	3 Contribu	utions and grants (Part VIII, line 1h) n service revenue (Part VIII, line 2g)		58,700	279,351
	10 Investm	antineous (Dath)(III) selumn (A) lines 2.4 and 7d)	1	23,490	86,100
ď	10 mivesur	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,267	-2,901
		evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.8	51,860	1,665,703
		details and the self-way (A) lines (A)		25,000	5,000
		(Dad IV adams (A) list (A)			0
,	4	s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		70,248	1,221,749
a subusas	16a Profess	sional fundraising fees (Part IX, column (A), line 11e)	33.17.23 		0
d	b Total fu	undraising expenses (Part IX, column (D), line 25) ► 144,463	0.00100		
ù	17 Other e	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3	48,165	459,253
		xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,5	43,413	1,686,002
	The same of the sa	ue less expenses. Subtract line 18 from line 12	3	308,447	-20,299
Ž				Current Year	End of Year
Star	20 Total a	ssets (Part X, line 16)	2,6	83,110	
Δ	21 Total li	abilities (Part X, line 26)		94,624	
Z		sets or fund balances. Subtract line 21 from line 20	2,5	88,486	2,533,846
	and the second s	Signature Block			
	Under penalties	of perjury, I declare that I have examined this return, including accompanying schedules a	nd statements, and to the	ne best of my k	nowledge and belief, it is
	true, correct, and	d complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any know	reuge.	1/3/1/
		ala y Mun		Dat	1////
	Sign	Signature of officer	: / ar		u *
ŀ	dere		Director/Ch	lair	
	. 7	Type or print name and title	A / Date		k if PTIN
С) a led	Type preparer's name rry D. Heffernan, Ltd. Preparer's signature When W. Hefferna		- Orioc	**
	Proparar	Charmer D. Haffarran Itd	10, 000 1 11	/01/16 self-o	
	Jse Orily	Sherry D. Heffernam, Ltd.		Firm's EIN	
Ĺ	;	6650 Horseshoe Bend Dr Corcoran, MN 55340-9549		In Color Color Color	763-229-7129
-				Phone no.	
- U	viay the IRS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No

X

1 Briefly describe the organization's mission:

The Minnesota Center for Environmental Advocacy is a nonprofit organization that uses law, science and research to protect Minnesota's environment, its natural resources and the health of its people.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes X No

If "Yes," describe these new services on Schedule O.

2 Did the organization cease conducting, or make significant changes in how it conducts, any program s'ervices?

Yes X No

If "Yes," describe these changes on Schedule O.

- 4 Elescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 606,091 including grants of \$ 5,000) (Revenue \$ 262,271) Clean Energy: focuses on long-term development of modern and sustainable energy sources for Minnesota and the replacement of out-dated environmentally harmful energy sources like coal-fired power plants.

 MCEA advocates for agencies to consider the full cost of air emissions when evaluating potential energy sources, especially coal. To support this goal, MCEA serves as legal counsel for several Minnesota Energy Partners including The Izaak Walton League, Wind on the Wires, Fresh Energy, Center for Energy and the Environment and Sierra Club.
 - Water Quality: focuses on protecting Minnesota's greatest natural resource and economic asset, its water. For example, MCEA advocates for the adoption and effective implementation of protective nitrogen and phosphorous standards for flowing waters, defends the state's numeric nitrogen and phosphorous standards for lakes and reservoirs, and fully participates in large-scale implementation plans for turbidity reductions in the Minnesota River and phosphorus reductions in Lake Pepin. MCEA also acts as a watchdog to assure that clean water funds from the Legacy Amendment are targeted effectively. MCEA continues to provide legal and technical pressure on Minnesota agency officials to meet federal standards for water quality permitting and enforcement.
- 137,352 including grants of \$ 3,000)) (Revenue \$ 4c (Code:) (Expenses \$ Land Use and Transportation: advocates for public policy platforms and funding mechanisms that support more compact and mixed-use forms of development, broaden the choices for how we live and get around, provide residents access to the region's environmental, social and economic opportunities, protect forest, farms, and natural areas, and improve the quality of the air we breathe and the water we drink. MCEA works to make certain that racially diverse and transit-dependent neighborhoods will benefit from the region's substantial investment in transitway corridors. MCEA also works to integrate authorities and align investments at the local, regional and state levels to mitigate Minnesota's contribution to greenhouse gas emissions and adapt to the coming changes in Minnesota's

4d Other program services (Describe in Schedule O.)

(Expenses \$ 211,204 including grants of \$) (Revenue \$ 12,080)

4e Total program service expenses ► 1,382,225

Pai	1 IV Checklist of Required Schedules			
		<u></u>	es I	40
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
	complete Schedule A		X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X_
	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,	3003		
-	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			
	"Ves," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
T	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	d∋bt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	.,,,,		
~	o its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1,211		
•	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			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	X	
b	14 Control of the Con			
٥	"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			X
14a	to the file the Detect	44-		X
b	for the contraction of the contr			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	fc.reign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	fcr any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10		16		X
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	The state of the s	17		X
40			1	
18		18	X	
40	D (1) (III II - 0-0			
19	If "Yes," complete Schedule G, Part III	19		X
	II TES, COMPLEE SCHEUULE G, Part III			

Pa	rt IV Checklist of Required Schedules (continued)			NI -
		[00]	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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			
	o ganization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	Cid 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			v
	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	11 200		
	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			**
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	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			
	d squalified persons? If "Yes," 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	574 53665	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 key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	" I'm the trustee as less ampleyed? If "You " complete	*		
	Schedule L, Part IV	281)	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	280		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	<u> </u>	X
32	Cid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	2	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	3:	3	X
34	to the artist Olf "Year" complete Schodule B. Barte II III			
	or IV, and Part V, line 1	3-	4	X
35	a Cid the organization have a controlled entity within the meaning of section 512(b)(13)?	35	ia	X
	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	35	b	
36	2 Lu La			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	3	6	Σ
37	and the state of t	no te e la seaso		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Flort VI	3	37	7
2.	Part VI Cid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	Lid the organization complete Schedule O and provide explanations in Schedule O for Fart VI, lines FTB and		38	x

Check if Schedule O contains a response or note to any line in this Part V

DAA

					Yes	No
1a E	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17	_		
	nter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
1119	id the organization comply with backup withholding rules for reportable payments to vendors and				.,	
	portable gaming (gambling) winnings to prize winners?			1c	X	700,000.70
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0.0			
	tatements, filed for the calendar year ending with or within the year covered by this return	2a	23	-	v	
	at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				Х
	did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
b It	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
	t any time during the calendar year, did the organization have an interest in, or a signature or other					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	nancia		4a		x
	(ccount)?			44		
	"Yes," enter the name of the foreign country:	Λοοοιι	nte	-		
	see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	IIIS			
,	FBAR).			5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?		5b		X
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	CHOILE		5c		
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	he.		50		
	coes the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible as charitable contributions?	116		6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions: If "Yes," did the organization include with every solicitation an express statement that such contributions.	ions or	. p	.		
	gifts were not tax deductible?	10113 01		6b		
	Organizations that may receive deductible contributions under section 170(c).			- 1		
	Cild the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r anods				
	and services provided to the payor?	goods		7a	X	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Lid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas				
	required to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Lid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	L		7e	1	X
	Lid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file I		899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
U	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Lid the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Lid the sponsoring organization make a distribution to a donor, donor advisor, or related person?		and been bested bett to the	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10)b			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11	la			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	orm 10	41?	12:	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-2.5				
а	Is the organization licensed to issue qualified health plans in more than one state?			13	a	
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	944	20			
~	the organization is licensed to issue qualified health plans	1	3b			
С	Enter the amount of reserves on hand		3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14	а	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule C		14	b	
DAA					Form \$	990 (201

Form 990 (2015) Minnesota Center for Environmental 23-7412105 Page 6 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 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. 16 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Lid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? 8b 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 X 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. No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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. X 12a Cid the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Lid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13

Did the organization have a written document retention and destruction policy? 14 Cid the process for determining compensation of the following persons include a review and approval by 15

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official

Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Eid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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.

Other (explain in Schedule O) X Own website X Another's website X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fihancial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

The Organization

26 East Exchange Street, No. 206

MN 55101

St. Paul

651-223-5969

14

15a 15b

16a

16b

X

X

X

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

DAA

- 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 organization compensated any current officer, director, or trustee. (F) (F) Reportable Estimated Reportable Position Name and Title Average compensation from amount of compensation (do not check more than one hours per related other hox unless person is both an from week organizations compensation the (list any officer and a director/trustee) (W-2/1099 MISC) from the organization hours for (W-2/1099-MISC) organization related stitutional trustee and related employee organizations idual trustee organizations below dotted line) (1) Alan Thometz 2.50 X 0 0 0.00 X Director/Chair (2) Fred Morris 1.50 0 0 0 X X 0.00 Director/Vice-Chair (3) Doug Hemer 2.00 0 0 X 0 0.00 X Director/Treasurer (4) Sara Thurin Rollin 1.50 0 0 0 0.00 X X Director/Secretary (5) Andrew Steiner 1.25 0 0 0 0.00 X Director (thru 9/21/2015) (6) Jaclyn Schroeder 0.50 0 0 0 0.00 X Director (7) John Helland 1.25 0 0 0.00 0 Director (thru 1/25/2016) (8) Ellen Herman 0.50 0 0 0 0.00 X (9) Alexandra Klass (thru 3/21/2016) 1.00 0 0 0 0.00 X Director (10) Lawrence Downing 1.25 0 0 0 0.00 X Director (11) Mehmet Konar-Steenberg 1.00 0 0.00 0 X Director Form 990 (2015)

Form 990 (2015) MINNESOLA Part VII 'Section A. Officers,								d Highest Compensated		. 430 0
(A) Name and title	(B) Average hours per week (list any	(do	not o	(C Posi check r ess per nd a di	tion more son i	than o s both	ne 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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations
(12) Irene Qualter	0.50							2		
Director	0.00	X						. 0	0	0
(13) Peter Reich										
	0.50							0	0	0
Director (14) Paige Stradle	0.00	X		-	 	-		0	<u> </u>	9
(14) Faige Scradie	1.00	-) ¹⁸		
Director	0.00	X						0	0-	, C
(15) Carol Tomer	0 50									
	0.50	x						0	0	0
(16) Matt Samuel	0.00		-	+	\vdash	+	-			
	0.50									400
Director	0.00	X						0	0	C
(17) Steve Kinsel	la (thru 1.00	1	/2	5/2	20:	16)		8	*	
Director	0.00	X						C	0	
(18) Jane Krentz	· · · · · ·	†		1		1				
	0.50			19	S Ag		7 P. N			
Director	0.00	X		01		# M	_)	0	
(19) David Minge	(from 3/0.50	71	12	Q I	a)		4300			
Director	0.00	X						() ()
1b Sub-total							>			
c Total from continuation she			tior	1 A .			•	125,049		11,42
d Total (add lines 1b and 1c) Total number of individuals (i	including but not	limi	ted	to the	nse	listed	labou	125,049		11,42
réportable compensation fror					,,,,,			very who received more than	11 4 10 4 10 4 10	
3 Did the organization list any	f	i na at		ne teu	otoo	, ko	ome	alayaa ar highast company	rated	Yes No
Did the organization list any temployee on line 1a? If "Yes For any individual listed on li organization and related organization."	," complete Sch ne 1a, is the sur	edul n of	e J t repo	for su ortabl	ich i le co	indivi ompe	dual insati	on and other compensatio	n from the	3 X
individual										4 X
5 Did any person listed on line for services rendered to the	1a receive or a	ccrue	e co	mper	nsat	ion fr	om a	iny unrelated organization	or individual	5 X
Section B. Independent Contrac		168	, 0	JITIPI	ele .	SCITE	dule .	3 tot such person		
Complete this table for your	five highest con	npen	sate	ed inc	lepe	ender	nt cor	ntractors that received mor	e-than \$100,000 of	
compensation from the orga		con	per	satio	n fo	or the	cale,	ndar year ending with or w	ithin the organization's tax (B)	year. (C) Compensation
Name a	(A) and business address							Desc	(B) cription of services	Compensation
4										
1										
9 1 1										
			XX-2-131x							
E P										
1								***************************************		
2 Total number of independe received more than \$100,0	nt contractors (in	nclud	ling from	but r	ora:	imite aniza	d to the	hose listed above) who	0	
DAA E	oo or compensa		011		-190		., ., . , ,			- Form 990 (2

Form 990 (2015) Minnesota Center for Environmental Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated business Total revenue exempt under sections function revenue 512-514 revenue Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 1b b Membership dues 126,345 c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,176,808 50,852 g Noncash contributions included in lines 1a-1f: 1,303,153 h Total. Add lines 1a-1f Busn. Code 279,351 279,351 541900 Program Service Income b C f All other program service revenue 279,351 -Total. Add lines 2a-2f Investment income (including dividends, interest, 27,531 27,531 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents 'b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 476,379 other than inventor b Less: cost or other 417,810 basis & sales exps 58,569 c Gain or (loss) 58,569 58,569 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 126,345 (not including \$ of contributions reported on line 1c). 19,815 See Part IV, line 18 28,279 b Less: direct expenses -8,464 c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities -10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Busn, Code Miscellaneous Revenue 5,085 5,085 900099 11a Unemployment reserve dist. 478 478 900099 5 Miscellaneous All other revenue 5,563 -Total. Add lines 11a-11d 91,663 0 1,665,703 279,351 Total revenue. See instructions 12 Form 990 (2015)

Part VIII

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response	se or note to any line in this	Part IX		X_
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations	= 000	F 000		
and domestic governments. See Part IV, line 21	5,000	5,000		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign	2			
organizations, foreign governments, and foreign	2			
ir dividuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members		8		
5 Compensation of current officers, directors,	139,244	89,054	25,095	25,095
trustees, and key employees	139,244	09,034	23,033	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	a 10 10 10 10 10 10 10 10 10 10 10 10 10			
persons described in section 4958(c)(3)(B)	873,356	717,680	77,364	78,312
7 Other salaries and wages	073,330	717,000	7.700	
Pension plan accruals and contributions (include	20,672	14,700	2,986	2,986
section 401(k) and 403(b) employer contributions)	110,455	89,161	10,592	10,702
9 Other employee benefits	78,022	60,081	8,930	9,011
10 Fayroll taxes 11 Fees for services (non-employees):	707022			
a Management		*		
b Legal	19,227	5,045	9,187	4,995
c Accounting d Lobbying				
e Professional fundraising services. See Part IV, line 17	15 15 15 15 15 15 15 15 15 15 15 15 15 1	Section 2		
f Investment management fees	14,670		14,670	
g Other. (If line 11g amount exceeds 10% of line 25, column	The second second	ii ii		1
(/ _i) amount, list line 11g expenses on Schedule O.)	194,239	194,239		
12 Advertising and promotion				
13 Office expenses	62,432	56,831	2,005	3,596
14 Information technology	32,202	30,198	1,002	1,002
15 Royalties				
16 Occupancy	58,780	54,360		1,700
17 Travel	14,456	13,546	341	569
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				* ;
19 Conferences, conventions, and meetings	6,130	5,730	267	133
20 Interest				
21 Payments to affiliates				OFF
22 Depreciation, depletion, and amortization	5,502	4,070		955
23 Insurance	12,003	8,250	3,217	536
24 Cther expenses. Itemize expenses not covered			, ,	
above (List miscellaneous expenses in line 24e, If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a Legal disb./library	18,443	18,44		2 245
b Dues & subscriptions	16,709	14,07		2,345
c Miscellaneous	4,460	1,76	4 170	2,526
d				
e All other expenses	1 606 000	1 200 00	1 1 1 2 1 4	144,463
25 Total functional expenses. Add lines 1 through 24e	1,686,002	1,382,22	5 159,314	144,403
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				2
from a combined educational campaign and				
fundraising solicitation. Check here ▶ if	8 0			
fcllowing SOP 98-2 (ASC 958-720)	1			Form 990 (201

32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 675,119 886,066 1 Cash-non-interest bearing 2 Savings and temporary cash investments 437,080 272,200 3 Pledges and grants receivable, net 3 9,648 10,850 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 5,899 5,934 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 37,181 10a other basis. Complete Part VI of Schedule D 7,329 12,832 29,852 10c 10b b Less: accumulated depreciation 1,463,329 1,496,430 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,599,606 2,683,110 Total assets. Add lines 1 through 15 (must equal line 34) 16 65,760 94,624 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 65,760 94,624 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,221,746 1,270,312 Unrestricted net assets 27 754,493 760,567 28 Temporarily restricted net assets 557,607 557,607 29 Permanently restricted net assets 29 and Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 2,599,606 Form 990 (2015)

2,533,846

32

33

34

2,588,486

2,683,110

33

Part XI	orm	990 (2015) Minnesota Center for Environmental 23-7412105			Page	e 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -20, 299 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,588,486 5 Net unrealized gains (losses) on investments 5 Conated services and use of facilities 6 Conated services and use of facilities 7 respectively and the services and use of facilities 8 rior period adjustments 9 Cither changes in net assets or fund balances (explain in Schedule O) 9 respectively and the services of the department of the services of t	Pa	rt XI Reconciliation of Net Assets								
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Returnalized gains (losses) on investments Returnalized gains (losses)		Check if Schedule O contains a response or note to any line in this Part XI								
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Conated services and use of facilities Conated services and use of facilities Frior period adjustments Cither changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements and selection of an year were compiled on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis	1	Total revenue (must equal Part VIII, column (A), line 12)	1							
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) A 2,588,486 Net unrealized gains (losses) on investments Conated services and use of facilities Investment expenses 7 Investment expenses 8 Frior period adjustments 9 Cither 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)) Part 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis, Consolidated basis. Both consolidated and separate basis c If "Yes" to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	2	Total expenses (must equal Part IX, column (A), line 25)	2							
5 Net unrealized gains (losses) on investments 6 Conated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Cither 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 Z, 533, 846 Part 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Viere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 2b Were the organization's financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: X Separate basis Consolidated basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1	3							
6 Conated services and use of facilities 7 Investment expenses 8 Frior period adjustments 9 Cother changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 a 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? 2b X	4									
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8 Frior period adjustments 9 Cther 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 2,533,846 Part 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	6	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6							
8 Frior period adjustments 9 Cither 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 Verant 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 "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 c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	7	Investment expenses	7							
9 Cther 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 2,533,846 Part 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	8		8							
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other	9	Other changes in net assets or fund balances (explain in Schedule O)	9	***************************************						
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Vivere the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis, Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	10									
Check if Schedule O contains a response or note to any line in this Part XII Yes No		33, column (B))	10	2,53	33,8	346				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting								
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				1 1				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X					Yes	No				
Schedule O. 2a 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 reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 c 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? 2a	1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
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 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X		If the organization changed its method of accounting from a prior year or checked "Other," explain in								
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X		Schedule O.								
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Separate basis										
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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? 2b X X		reviewed on a separate basis, consolidated basis, or both:								
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separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X		T								
X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X										
c 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?										
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	С									
				2c	X					
If the organization changed either its oversight process or selection process during the tax year, explain in		If the organization changed either its oversight process or selection process during the tax year, explain in	1							
Schedule O.										
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a			100000000		1				
the Single Audit Act and OMB Circular A-133?	-			3a						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	h					1				
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				3b						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Minnesota Center for Environmental

Employer identification number 23-7412105

Advocacy Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

g Provide the follo	owing information about the su	oporteo organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(described on lines 1-9 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) Yes No (v) Amount of monetary support (see instructions)			
(A)						
(B)					N N	
(C)						
(D)						
(E)						

Enter the number of supported organizations

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

	on A. Public Support					4-12045	(f) Total
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no	860,111	1,585,020	964,331	1,365,403	1,303,153	6,078,018
2	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						6.070.018
4	Total. Add lines 1 through 3	860,111	1,585,020	964,331	1,365,403	1,303,153	6,078,018
	The portion of total contributions by each person (other than a covernmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,237,733
6	Public support. Subtract line 5 from line 4.						3,840,285
	tion B. Total Support	Anna Carlo de Carlo d					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	860,111	1,585,020	964,331	1,365,403	1,303,153	6,078,018
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,391	33,258	34,014	26,765	27,531	146,959
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			20,962	7,926	5,085	33,973
11	Total support. Add lines 7 through 10					10	6,258,950
12	Gross receipts from related activities, etc.	c. (see instructions)				12	299,166
13	First five years. If the Form 990 is for the	e organization's fir	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization check this box and stop he	ere					<u> </u>
Sec	ction C. Computation of Public S	Support Perce	ntage				54 250/
14	Public support percentage for 2015 (line	6, column (f) divide	ed by line 11, colun	nn (f))			61.36% 58.38%
15	Public support percentage from 2014 Sc	chedule A, Part II, I	ine 14			15	58.38 /0
16a	33 1/3% support test—2015. If the orga	anization did not ch	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	▶ 2
	tox and stop here. The organization qu	alifies as a publicly	supported organiz	ation			antani in Pi
b	33 1/3% support test—2014. If the org.	anization did not ch	neck a box on line 1	3 or 16a, and line	15 is 33 1/3% or n		
	check this box and stop here. The orga	inization qualifies a	s a publicly suppor	ted organization			
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the	eets the "facts-and-	-circumstances" tes	st, check this box a	and stop here. Exp	olain in	
	crganization						>
ţ	15 is 10% or more, and if the organizat	ion meets the "fact meets the "facts-a	s-and-circumstance nd-circumstances"	es" test, check this test. The organiza	box and stop her tion qualifies as a	e. publicly	>
18	supported organization Private foundation. If the organization instructions	did not check a bo		16b, 17a, or 17b, c	heck this box and	see	>

(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.)

Secti	on A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
f	Gifts, grants, contributions, and membership are received. (Do not include any "unusual crants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the granization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4					
130	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						
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						
Nation Comment	line 6.)						
	tion B. Total Support			association of	<u></u>		T
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	N.	8 3 4 1				
10a	Gross income from interest, dividends, cayments 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 cr not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, end 12.)						
14	First five years. If the Form 990 is for th organization, check this box and stop he	re		, fourth, or fifth tax	year as a section	501(c)(3)	>
Se	ction C. Computation of Public S						
1,5	Public support percentage for 2015 (line			lumn (f))		15	
16	Fublic support percentage from 2014 Sc	hedule A, Part II	II, line 15				6 %
Se	ection D. Computation of Investm						- 1
17	Investment income percentage for 2015			e 13, column (f))		1	
18	Investment income percentage from 201	4 Schedule A, F	Part III, line 17			_1	8 %
198	a 33 1/3% support tests—2015. If the org	ganization did no	ot check the box or	line 14, and line 1	5 is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this	box and stop h	ere. The organizat	ion qualifies as a p	oublicly supported	organization	P
I	b 33 1/3% support tests—2014. If the organic	ganization did no	ot check a box on l	ine 14 or line 19a,	and line 16 is more	e than 33 1/3%, and	1
	line 18 is not more than 33 1/3%, check	this box and sto	op here. The orga	nization qualifies a	s a publicly suppor	ted organization	
20	Private foundation. If the organization	did not check a	box on line 14, 19:	a, or 19b, check the	is box and see inst	ructions	<u></u>

Supporting Organizations Part IV

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

,com	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		. 55	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
sa .	(b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		23.723.77
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	aparamana y	
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	2 2018204000	
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	20-00 Woods-00000	
	Did the organization support any foreign supported organization that does not have an IRS determination			
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	A 0 0000000000000000000000000000000000) (CO00000000000000000000000000000000000
~	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	19		
5a	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
		5a	100000000000000000000000000000000000000	0.000
	was accomplished (such as by amendment to the organizing document).	<u></u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		100000000000000000000000000000000000000
	designated in the organization's organizing document?	50		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6	1003 (0000)	\$50,000,000
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		300 000 000
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		50.00000	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			450 KA 19
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		(1871 1872 1873 -	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9:	а	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9	b	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9	C	1,512H 013450
10a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10	0a	500.00
. b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	1	0b	

		-	Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	,	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		5000 5000000
Cool	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		I	L
360	Ton C. Type if Supporting Organizations		Yes	No
	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	15,000,000	Paramatan and a second
	the supported organization(s).		L	<u></u>
Sec	tion D. All Type III Supporting Organizations		Tvaa	No
			Yes	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	(6,686)		1000000000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0.000		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ctions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test. Answer (a) and (b) below.	propriessores	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	28	а	
	The state of the s			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		21	ь	# Part 2007 200
13-years	activities but for the organization's involvement.	2.1		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		,	31 31 31 31
	trustees of each of the supported organizations? Provide details in Part VI.	3	a	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
is a little leteral Dest Test on a qualifying trust on Nov	20, 197	0. See instructions. All	
1 Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. other Type III non-functionally integrated supporting organizations must complete Sections	A thro	ugh E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		-
	7	/ *	
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		,
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 'Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrate	ed Type	III supporting organizatio	n (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organizat	ions (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported	^	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		***************************************
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	0.0000		
	Carryover from 2010 not applied (see instructions)	Comment of the Commen		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	la l		
4	Distributions for 2015 from Section			
	D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
c	Remaining underdistributions for 2015. Subtract lines 3h			
6	N 10 10 10 10 10 10 10 10 10 10 10 10 10			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	3			
	b .			
	c Excess from 2013			
	d Excess from 2014			
	e Excess from 2015			

Part VI Supplemental Information. III, line 12; Part IV, Section A B, lines 1 and 2; Part IV, Sec 3a and 3b; Part V, line 1; Part lines 2, 5, and 6. Also complete	x, lines 1, 2, 3b, 3c, 4b, 4c, ction C, line 1; Part IV, Sect rt V, Section B, line 1e; Par	ion D, lines 2 and 3; Part IV t V, Section D, lines 5, 6, ar	and 11c; Part IV, Section , Section E, lines 1c, 2a, 2b, id 8; and Part V, Section E,
Part II, Line 10 - Other	Income Detail		na verta friazza en Amerika en en el meser
Other income	\$	28,888	
ii e			
1			
	C. Pradicional result of Executive Commence Comm	* ************************************	
** *** *** *** *** *** *** *** *** ***	ankarana erropa bekere bet etal betêj bi		
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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Minnesota Center for Environmental

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury

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

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

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

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

Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga		or Environmental		Employer identifi 23-741210	
	Advocacy Complete if the organization is exc	and under section 501(c)	or is a sectio		
Part I-A	Complete if the organization is exc	empt under section 301(c)	Dart IV	<u></u>	
1 Frovide	e a description of the organization's direct and inc	lirect political campaign activities in	Pail IV.	▶ \$	
2 Folitica	al expenditures				
3 Volunt	eer hours	and the second s			
Part I-B	Complete if the organization is ex	empt under section 501(c)	(3).		
1 Enter I	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			Yes No
3 If the	organization incurred a section 4955 tax, did it file	Form 4720 for this year?			
4a VVas a	a correction made?				163
b If "Yes					
Part I-C	s," describe in Part IV. Complete if the organization is ex	cempt under section 501(c	, except sect	1011 30 1(0)(0).	
1 Enter	the amount directly expended by the filing organi	zation for section 527 exempt funct	ion	▶ ¢	
activit	ties			avaired to the second	
2 Enter	iles the amount of the filling organization's funds conf	ributed to other organizations for se	ection	> \$	
527 p	exempt function activities				
3 Total	exempt function expenditures. Add lines 1 and 2	Enter here and on Form 1120-POI	-,	. .	
line 1	7b			▶\$	Yes No
4 Did th	ne filing organization file Form 1120-POL for this	year?			165 140
5 Enter	r the names, addresses and employer identification	on number (EIN) of all section 527 p	oolitical organizati	ons to which the filling	
	einstian made nayments. For each organization li	sted, enter the amount paid from the	e ming organizan	on s fullus. Also circi	
11	mount of political contributions received that were	e promptly and directly delivered to	a separate politica	ai organization, such	
as a	separate segregated fund or a political action co	mmittee (PAC). If additional space i	s needed, provide T	Illionnation in Partiv.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
5					delivered to a separate
					political organization. If none, enter -0
					Hone, erner o
(1)					
111				-	
(2)					
(2)					
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No

Schedule C (Form 990 or 990-EZ) 2015 Minnesota Center for Environmental 23-7412105

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)).

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's Check ▶ name, address, EIN, expenses, and share of excess lobbying expenditures).

if the filing organization checked box A and "limited control" provisions apply. Check >

	Limits on Lobby	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c d	Total lobbying expenditures to influence publicated lobbying expenditures to influence a legitated lobbying expenditures (add lines 1a and Other exempt purpose expenditures. Total exempt purpose expenditures (add line Lobbying nontaxable amount. Enter the amocolumns.	c opinion (grass roots lobbying) gislative body (direct lobbying) d 1b) s 1c and 1d)	77,194 77,194 1,608,808 1,686,002	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Ever \$500,000 but not over \$1,000,000 Ever \$1,000,000 but not over \$1,500,000 Ever \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.		
ŀ	Cver \$17,000,000 Grassroots nontaxable amount (enter 25% of Subtract line 1g from line 1a. If zero or less, i Subtract line 1f from line 1c. If zero or less, i If there is an amount other than zero on eith	enter -0-	58,575	

4-Year Averaging Period Under section 501(h)

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

\	Lobbying Expenditur	es During 4-Year A	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	218,550	225,681	227,171	234,300	905,702
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,358,553
c Total lobbying expenditures	56,602	63,613	75,193	77,194	272,602
d Grassroots nontaxable amount	54,638	56,420	56,793	58,575	226,426
e Grassroots ceiling amount (*50% of line 2d, column (e))					339,639
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2015

reporting section 4911 tax for this year?

	(a	1)	(b)
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?			
b Faid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
d Mailings to members, legislators, or the public?			***************************************
e Publications, or published or broadcast statements?		<u></u>	
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			1
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)?		3 (4.5,5,5)	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.,		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section			
501(c)(6).			
 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B. Complete if the organization is exempt under section 501(c)(4), section 	n 501(c)(5	i), or	1 2 3 section
 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 	n 501(c)(5	i), or (b) P	1 2 3 section
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Eues, assessments and similar amounts from members 	n 501(c)(5	i), or	1 2 3 section
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). a Current year 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
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 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is
 1 V/ere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 	n 501(c)(5	5), or (b) P	section art III-A, line 3, is

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

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 constitutes MCEA reporting to the federal definition.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 2015 Open to Public

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

Inspection

	the organization		Employer identification number
	nnesota Center for Environmental		02 7410105
	vocacy	and or Other Similar Francis	23-7412105
Par	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	Accounts.
***************************************	3	(a) Donor advised funds	(b) Funds and other accounts
1 -	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Eid the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		2 2
9	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Par			0.00
Mrg.11 MAG	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Furpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impe	ortant land area
	Protection of natural habitat	Preservation of a certified historic	c structure
	Preservation of open space		*
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiza	ition 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 mo		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	easements during the year
)		
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stateme	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for public		
	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)	(V) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	works of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	therance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	entreprise and a second of all the control of the second o	> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 95	8) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
	Equipment Cther		37,181	29,852	7,329
*****	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colu	ımn (B), line 10c.)	>	7,329

Part VII	Investments—Other Securities. Complete if the organization answered "Yes	e" on Form aun Dart IV IIr	e i in See Folm 990 Fall V line iv
1		(b) Book value	(c) Method of valuation:
1	(a) Description of security or category (including name of security)	IN) DOOK ASIGN	Cost or end-of-year market value
1) Financial de			
	d equity interests		
 Closely-net Other 	a equity interests	1 (1 - 1 - 1)	
The second secon	was a farmatis from the regarding and the state of the st		
(A)	WAS DRAWN TAKEN TO THE RESERVE THE TOTAL BUT THE TOTAL BUT TO THE TOTAL BUT THE BUT TH		
(B) (C)			
(D)			
(E)	Constitution of the Consti		
(F)			
(G)			
(H)	Transferred to the control of the co		
	ı (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
entracional de la composición del composición de la composición de	Complete if the organization answered "Y	es" on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.
1	(a) Description of investment	(b) Book value	(c) Method of valuation:
3			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "\((a) Doscor	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "\	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answered "\	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "\((a) Descr	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered "\	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "\((a) Descr	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "\((a) Descr	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "\((a) Descr	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "\((a) Descr	res" on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\ (a) Descr	res" on Form 990, Part IV,	(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\((a) Descr	Yes" on Form 990, Part IV, iption	(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Total. (Column	Other Assets. Complete if the organization answered "\ (a) Descr (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered '	Yes" on Form 990, Part IV, iption	(b) Book value
(7) (8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered "\ (a) Descr (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered ' line 25.	Yes" on Form 990, Part IV, iption 'Yes" on Form 990, Part IV,	(b) Book value
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(7) (8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answered "\ (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered 'line 25. (a) Description of liability	Yes" on Form 990, Part IV, iption 'Yes" on Form 990, Part IV,	(b) Book value
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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Scheo	fule D (Form 990) 2015 Minnesota Center for Environme	nual	23 141210	J	raye 🕶
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line	: 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,631,362
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-34,341		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		8 C 4 C 10 C 2 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	2e	-34,341
3	Subtract line 2e from line 1			3	1,665,703
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				81
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		, , , , , , , , , , , , , , , , , , , ,	5	1,665,703
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			Return	•
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	1,686,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b			\$7
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,686,002
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)	4b			
•	Add lines 4n and 4h	11		40	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

The Board designated a fund for future programming needs. These amounts are not available for general operations until released by the Board of Directors. The Board has designated the use of cumulative earnings from the endowment fund for future programming needs.

The permanently restricted - endowment fund has been created from gifts, bequests and legacies specified as endowment funds by the donor. It is to ensure the longevity and independence of MCEA by providing a long-term funding source, enabling MCEA to develop and maintain programming and facilities in line with its mission. The 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

1,686,002

Schedule D (Form 990) 2015 Minnes Part XIII Supplemental Inform	ota Center	for Enviro	onmental 23	3-7412105	Page 5
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organization.			Control of the Edited Control		*****
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Part X - FIN 48 Foots	note				
The organization has	evaluated	its potent	ial exposur	e for uncertain	n tax
positions and manager	ment has ex	pressed th	ere are no	uncertain tax p	positions
as of June 30, 2016.	Tax retur	ns for the	past three	years remain	open for
examination by tax j					
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SCHEDULE G (Form 990 or 990-EZ)

Mail solicitations

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Solicitation of non-government grants

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Minnesota Center for Environmental

Employer identification number

23-7412105

Advocacy Fundraising Activities. Complete if the organization answered "Yes" on 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.

b	Internet and email solicitations	f Solicitation o	f gov	ernme	ent grants		
С	Phone solicitations	g Special fund	aisin	g eve	nts		
d	In-person solicitations						
	; Cid the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or en	tity in connection with p	ores	sionai	rundraising services?		Yes No
b	If "Yes," list the ten highest paid individuals or entitie compensated at least \$5,000 by the organization.				ments under which the	fundraiser is to be	
8	(i) Name and address of individual or enlity (fundraiser)	(ii) Activity	raiser custor contri contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	×		Yes	No		2	
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2							
3	3						V
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5							
6							-
7							4
8							
9							
10							
To	al)			
		ed or licensed to solicit	cont	ributio	ons or has been notified	d it is exempt from	

registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more ptributions and gross income on Form 990-F7 lines 1 and 6b. List events with

		greater than \$5,000. (a) Event #1 Legally Green G	(b) Event #2 House Parties	(c) Other events .	(d) Total events (add col. (a) through
		(ovent type)	(event type)	(total number)	col. (c))
	1 Gross receipts	112,033	22,935	11,192	146,160
	2 Less: Contributions	98,243	22,935	5,167	126,345
	3 Gross income (line 1 minus line 2)	13,790		6,025	19,815
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,500	1,191	2,080	4,771
	7 Food and beverages	13,181		2,554	15,735
	8 Entertainment				
	9 Other direct expenses	5,111	1,736	926	7,773
	11 Net income summary S	y. Add lines 4 through 9 in column Subtract line 10 from line 3, column nplete if the organization an	(d)	Part IV line 19 or repo	28,27 -8,46
Pa		on Form 990-EZ, line 6a.	gwered yes on ontrodes,	Tarry, mio 10, or 10po	
Т			(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pa		on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
עפאפוומפ	than \$15,000	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Expenses Reveilue	than \$15,000	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Т	than \$15,000 1 Gross revenue 2 Cash prizes	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Expenses Reveilue	than \$15,000 1 Gross revenue 2 Cash prizes 3 Noncash prizes	on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Expenses Reveilue	than \$15,000 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c))
Expenses Control	than \$15,000 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summa	on Form 990-EZ, line 6a. (a) Bingo Yes %	Yes % No	Yes %	(d) Total gaming (add col. (a) through col. (c))

che	edule G'(Form 990 or 990-EZ) 2015 Minnesota Center for Environmental 23-74121	05	Pa	ge 3
1	Does the organization conduct gaming activities with nonmembers?		Yes	No
2	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?		Yes	No
3	Indicate the percentage of gaming activity conducted in:	1		100
a	The organization's facility			%
b	An outside facility 13	0		%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name •			
	Address ►			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party > \$			
C				
	Name ▶			
	Address ▶		-1	
16	Gaming manager information:			
	Name >			
	Name P			
	Gaming manager compensation > \$			
	Cescription of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:		ų.	
a				
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform instructions).			
8 100				1. 153 -
	en de la completa del la completa de la completa de la completa de la completa del la completa de la completa del la completa de la completa de la completa de la completa de la completa del la completa del la completa del la completa de la completa del la completa de			
	e expressiva da como mángo a mos escesos escesos ano americamente esceso en el como esceso esceso escesos esce			
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SCHEDULE M (Form 990)

Noncash Contributions

► 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.

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Minnesota Center for Environmental

Employer identification number 23-7412105

	Advocacy				23-74121	05	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pai	t I Types of Property			· · · · · · · · · · · · · · · · · · ·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinir noncash contribution am			
1	Art — Works of art							
	Art — Historical treasures							
	Art — Fractional interests							
	Eooks and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes					***************************************		
8	Intellectual property		0					
9	Securities — Publicly traded	X	10	50,852	Selling price			
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Cualified conservation							
	contribution — Other		4 4					
15	Real estate — Residential		N N					
16	Feal estate — Commercial		1000					
17	Feal estate — Other							
18	Collectibles							
19	Food inventory							
20	Crugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts						-	
25	Cither ► (.)						
26	Cther ►()						
27	Cther ►(.)						
28	Cther ►()		- Constitution for				
29	Number of Forms 8283 received by				29			
	which the organization completed	Form 828	3, Part IV, Donee Ackno	iwiedgement	2.5		Yes	No
		•000000 00000000000		nexts reported in Dort L lines	a 1 through			
30a	Luring the year, did the organizat	ion receive	by contribution any pro	perty reported in Fart i, lines	not required			
	28, that it must hold for at least th					30a	.02010000	Х
	to be used for exempt purposes f					300		
t		nt in Part II		if neo atandar				
31	Does the organization have a gift	acceptanc	ce policy that requires th	e review or any non-standar	u	31	х	er som er er
	contributions?			no to policit process of sol	I noncash	31		
32		third parti	es or related organization	ons to solicit, process, or sei	HOHOASH	32a		X
	contributions?			Commence of the control of the contr		32.0		
	b If "Yes," describe in Part II.			of aronarty for which calum	in (a) is chacked			
33		an amount	in column (c) for a type	or property for which colum	iii (a) is checked,			
	dacariba in Dart II					1.5. 3333.37	I	diameter.

SCHEDULE O (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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Minnesota Center for Environmental

Employer identification number 23-7412105

Advocacy

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 loss and tailings basin stability. MCHA'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.

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 The organization does not have any committees which have the authority to act on behalf of the governing body.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Employer identification number

Minnesota Center for Environmental

23-7412105

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 recommendation.

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.

MCHA compensation includes salary and benefits. The benefits package

Employer identification number

Minnesota Center for Environmental

23-7412105

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 comparable positions, including 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
The organization's governing documents, conflict of interest policy and

Employer identification number

ime of the organization			
Minnesota	Center for Environment	al	23-7412105
financial	statements are availab	le to the public upon	request. In
addition,	Form 990 is published	at www.Guidestar.com.	
paragram a resease con			
Form 990,	Part IX, Line 11g - Ot	ther Fees for Services	5
Descripti	on	TO STATE AND ADDRESS ASSESSMENT OF THE STATE	
	Program Service	Mgt & General	Fundraising
+			
Outside e	xperts/consultants		

194,239

Page 3 of 3

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Minnesota Center for Environmental

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 500,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Feduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Collar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 13 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 Part II S'pecial depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 5,502 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2015 17 18 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 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Depreciation deduction (a) Classification of property placed in (business/investment use (e) Convention (f) Method service only-see instructions) 19a 3-year property 5-year property C 7-year property d 10-year property 15-year property f 20-year property S/L 25 yrs. 25-year property S/L h Residential rental 27.5 yrs. MM property MM S/L 27.5 yrs MM S/L 39 yrs. Nonresidential real property MM SI Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L S/L 40-year 40 yrs MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 5,502 here 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

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23-7412105 Federal Asset Report FYE: 6/30/2016 Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
	Office improvements	12/31/02	14,471		14,471	10 MO S/L	14,471	0
	Custom workstation	8/26/09	2,200		2.200	3 MO S/L	2,200	ő
11	Laptop	10/06/09	1,552		1,552	3 MO S/L	1,552	0
	Sold/Scrapped: 6/30/16				.,		1,00	
12	Three computers	4/28/10	1,602		1,602	3 MO S/L	1,602	0
	Sold/Scrapped: 6/30/16						1,012	
16	Dell - 4 Optiplex computers	10/12/10	2,777	2	2,777	3 MO S/L	2,777	0
	Sold/Scrapped: 6/30/16							
17	Tech Guru-GIS Manager desktop	5/22/13	1,597		1,597	3 MO S/L	1,332	265
	Dell replacement server	7/03/13	6,838		6,838	3 MO S/L	3,419	2,280
	Donor Pro Software/Conversion	2/12/14	4,350		4,350	3 MO S/L	2,175	1,450
	computers	12/17/14	3,145		3,145	3 MO S/L	524	1,049
21	Carpentry on new offices	5/01/15	4,580		4,580	10 MO S/L	229	458
	Total Other Depreciation		43,112		43,112		30,281	5,502
	Total ACRS and Other Deprec	ciation =	43,112		43,112		30,281	5.502
	Count Tatal		12 112					0.85 127.678
	Grand Totals		43,112		43,112		30,281	5,502
	Less: Dispositions and Transfe	rs	5.931		5,931		5,931	0
	Less: Start-up/Org Expense	-	0		0	*	0	0
	Net Grand Totals		37,181		37,181		24,350	5.502
		=	***************************************	8				***************************************



SCHEDULE G (Form 990 or		Fundraising Other Events					
9	990-EZ) For calendar year 2015, or tax year beginning 07/01/15, and ending 06				/30/16	2015	
		nter for Environmen	ntal		Employer Ide	ntification Number	
		(a) Other event Women's Breakfa	(b) Other event	(c) Other event	(0	() Total other events add col. (a) through	
മ	v *	(event type)	(event type)	(event type)		col. (c))	
Revenue	1 Gross receipts	11,192				11,192	
	Less: Charitable contributions	5,167				5,167	
	3 Gross income (line 1 minus line 2)	6,025				6,025	
	4 Cash prizes						
	5 Noncash prizes						
ses	6 Rent/facility costs	2,080				2,080	
Direct Expenses	7 Food/beverages	2,554				2,554	
Direct	8 Entertainment						
	9 Other expenses	926				926	



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

Website Address

http://www.ag.state.mn.us/charities

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

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SECTION A: Organization Information	
Minnesota Center Legal Name of Organization Advocacy	for Environmental
Federal EIN: 23-7412105	Fiscal Year-End: 06/30/2016
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address:
Ms. Joan Johnson	Ms. Joan Johnson
Contact Person	Contact Person
26 East Exchange Street, #206	26 East Exchange Street, #206
Street Address	Street Address
St. Paul MN 55101	St. Paul MN 55101
City, State, and Zip Code	City, State, and Zip Code
651-223-5969	651-223-5969
Phone Number	Phone Number
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jjohnson@mncenter.org Emai Address	jjohnson@mncenter.org Email Address
List all of the organization's alternate and former name	Alternate
3. List all names under which the organization solicits con Minnesota Center for Environmental	
4. Listher and in the incompatible Mine Ste	ob 04742 V Voc. No.
4. Is the organization incorporated pursuant to Minn. Sta	at. ch. 317A? X Yes No
5. Total amount of contributions the organization receive	ed from Minnesota donors: \$ 1,182,592
6. Has the organization's tax-exempt status with the IRS Yes X No If yes, attach explanation.	S changed?
7. Has the organization significantly changed its purpos Yes X No If yes, attach explanation.	e(s) or program(s)?

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME		
Contributions Received	\$	1,303,153
2. Government Grants	\$	2
3. Program Service Revenue	\$	279,351 3
4. Other Revenue	\$	83,1994
5. TOTAL INCOME		1,665,7035
EXPENSES		
6. Program Expenses		1,382,225 ₆
7. Management & General Expenses	\$	159,314 7
8. Fund-raising Expenses	\$	144,463 8
9. TOTAL EXPENSES	\$	1,686,0029
10. EXCESS or DEFICIT	\$	-20,299 10
(Line 5 minus Line 9)		
ASSETS		
11. Cash	¢.	675 11044
	Φ	675,119 11
12 Land, Buildings & Equipment	\$	7,329 12
13. Other Assets		1,917,158 13
14. TOTAL ASSETS	\$	2,599,60614
LIABILITIES		
15. Accounts Payable	\$	65,760 15
16. Grants Payable		
		16
17. Other Liabilities		17
18. TOTAL LIABILITIES	\$	65,760 18
FUND BALANCE/NET WORTH	\$	2,533,846
(Line 14 minus Line 18)		

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to 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)				, w
employer contributions)				
9. Other employee benefits			1	
10. Payroll taxes	-			
11. Fees for services (non-employees):		100		
a. Management		-		
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees			-	
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
 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 labeled				
miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
C.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Jcint 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				

Date

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

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

We, the undersigned, state and acknowledge that we are	re duly constituted officers of this or	ganization,
being theDirector/Chair (Title) and	TREASURER	(Title) respectively, and tha
we execute this document on behalf of the organization purs	suant to the resolution of the	
Board of Directors (Board of Directors, Tru	stees, or Managing Group) adopted	d on the $\mathcal{I}^{\mathcal{I}\mathcal{H}}$
day of November , 20 //o , approving the contents o		
Board of Directors (Board of Directors, Tru	ustees or Managing Group) has ass	sumed, and
will continue to assume, responsibility for determining matte	rs of policy, and have supervised, a	and will continue
to supervise, the operations and finances of the organization	n. We further state that the informat	ion supplied is
true correct and complete to the best of our knowledge.		
Alan Thometz	DOUG HEMER	
Name (Print)	Name (Pynt)	
Signature /	Signature	
Director/Chair	TREA SURER	
Title 11/7/16	Title 11/7/16	

Date