# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021	
Open to Public Inspection	

A F	or the	2021 calendar year, or tax year beginning $$ JUL $1,$ $2021$ and ending	JUN 30, 2022						
<b>B</b> 0	heck if pplicable:	C Name of organization	D Employer identific	cation number					
а	pplicable:								
	Address change	MINNESOTA LAND TRUST							
	Name change	Doing business as	41-17136	52					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe						
	Final return/	2356 UNIVERSITY AVE WEST 240	651-647-	9590					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,409,077.					
	Amende return	SAINI PAUL, MN 55114	H(a) Is this a group re	eturn					
	Applica- tion	F Name and address of principal officer: KRIS WILLIAM LARSON	for subordinates	? Yes X No					
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No					
IT	ax-exer	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions					
		:▶ WWW.MNLAND.ORG	H(c) Group exemptio	n number 🕨					
K F	orm of o	rganization: X Corporation Trust Association Other Ly	ear of formation: 1991 N	A State of legal domicile: MN					
Pa	rt I	Summary							
200	1 B	riefly describe the organization's mission or most significant activities: PROTECT .	AND RESTORE M	N'S MOST					
Governance	V	TITAL NATURAL LANDS FOR GENERATIONS TO COME.	Mark I all all II access						
'n	2 0	theck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.					
Ne.	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	25					
	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	25					
ري دي	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)	5	37					
itie		otal number of volunteers (estimate if necessary)		108					
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.					
⋖		let unrelated business taxable income from Form 990-T, Part I, line 11		0.					
			Prior Year	Current Year					
•	8 C	Contributions and grants (Part VIII, line 1h)	17,615,158.	12,028,214.					
ď	9 P	rogram service revenue (Part VIII, line 2g)	84,035.	25,695.					
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	180,337.	241,973.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,852.	26,034.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,938,382.	12,321,916.					
		Frants and similar amounts paid (Part IX, column (A), lines 1-3)	17,300.	38,377.					
	14 B	lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,028,500.	2,984,791.					
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
be		otal fundraising expenses (Part IX, column (D), line 25)   369,771.							
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,263,293.	8,944,701.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,309,093.	11,967,869.					
		levenue less expenses. Subtract line 18 from line 12	1,629,289.	354,047.					
Jo.			Beginning of Current Year	End of Year					
Net Assets or	20 T	otal assets (Part X, line 16)	16,850,851.	15,349,534.					
ASS	21 T	otal liabilities (Part X, line 26)	675,149.	716,004.					
Net		let assets or fund balances. Subtract line 21 from line 20	16,175,702.	14,633,530.					
Pa	irt II	Signature Block							
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is					
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.						
Sign	1	Signature of officer	Date						
Her	e	KRIS WILLIAM LARSON, CEO	2/10	0/2023					
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	7	ASHLEY REHN, CPA ASHLEY REHN, CPA	02/10/23 self-employ						
Prep		Firm's name REDPATH AND COMPANY, LLC	Firm's EIN ▶	92-0370318					
Use	Use Only Firm's address ► 4810 WHITE BEAR PARKWAY								
		WHITE BEAR LAKE, MN 55110	Phone no. (6	51)426-7000					
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No					
	DEC DESCRIPTIONS			Form 990 (2021)					

Pal	Statement of Program Service Accomplishments	<b>∵</b>
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE MINNESOTA LAND TRUST PROTECTS AND RESTORES MINNESOTA'S MOST VITA	т
	NATURAL LANDS IN ORDER TO PROVIDE WILDLIFE HABITAT, CLEAN WATER,	
	OUTDOOR EXPERIENCES AND SCENIC BEAUTY FOR GENERATIONS TO COME.	
	OUTDOOK EXTENTED AND SCENIC DEAUTI FOR GENERALIONS TO COME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	140
3		X No
Ü	If "Yes," describe these changes on Schedule O.	140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	
 4а		695.)
	THE MINNESOTA LAND TRUST ENGAGES IN THREE PRIMARY STRATEGIES TO	
	ACCOMPLISH ITS MISSION. PROTECT: PROTECT IMPORTANT NATURAL HABITATS	
	THROUGH CONSERVATION EASEMENTS AND FEE TITLE TRANSACTIONS. RESTORE:	
	PARTNER WITH GOVERNMENTAL ENTITIES ON RECOVERING THE ECOLOGICAL	
	FUNCTIONS OF THE ST. LOUIS RIVER ESTUARY AND HELP LANDOWNERS RESTORE	
	THEIR PROTECTED LANDS TO NATIVE HABITAT. ENGAGE: INVEST IN EFFORTS	
	DESIGNED TO ENGAGE CURRENT AND FUTURE GENERATIONS OF MINNESOTANS IN	THE
	GREAT OUTDOORS IN ORDER TO MAINTAIN MINNESOTA'S GREAT CONSERVATION	
	ETHIC. SEE SCHEDULE O FOR MORE DETAILS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	·	
4c	(Out	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 10,741,389.	
		200

Form 990 (2021) MINNESOTA LAND TRUST
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 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			<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	v	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<sub>V</sub>
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		X
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f		116		<del></del>
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	•	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) MINNESOTA LAND TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		3.7	1
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	X	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	Щ_

Form 990 (2021) MINNESOTA LAND TRUST

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return		37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country	<del>4</del> a		<u> </u>					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0							
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8							
а	Did the appropriate angle and to the distribution and a second and the distributions and an application 40000	9a							
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2021) MINNESOTA LAND TRUST 41-1713652 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>						X
Sec	tion A. Governing Body and Management					ı —
		1 1	2-1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision	on			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			, u		
				7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7.0		
8		-		0-	Х	
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		٦,
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				·
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the	form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		l
	List the states with which a copy of this Form 990 is required to be filed ►MN					
17 10		nd 000 T (acetic:	501(a)(2)-	only 4	availa!	alc
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ing aan-1 (section	50 1(C)(S)S	ority)	avalidi	JIE
	for public inspection. Indicate how you made these available. Check all that apply.					
	` ,	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest p	olicy, and	tinano	cial	
	statements available to the public during the tax year.		_			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records	▶			
	THE ORGANIZATION - 651-647-9590	4.4				
	2356 UNIVERSITY AVE WEST, 240, SAINT PAUL, MN 551	⊥4				

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRIS WILLIAM LARSON	50.00	=	=	0	×	Ξæ	4			
CEO				Х				147,778.	0.	3,050.
(2) BRIDGET LEVIN	4.00									•
CHAIR		Х		Х				0.	0.	0.
(3) DAVID KNOBLAUCH	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) ELIZABETH WINTON	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PETE VORBRICH	4.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(6) ALEXIS LUDWIG-VOGEN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) AUSTIN DAMIANI	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) BRANDON HAUGH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ELLEN JONES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) FAY SIMER	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) JANE KINGSTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JANE WYATT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JASON SPAETH	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) JEFFREY HAYWARD	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) JENNIE ZUMBUSCH	2.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(16) JIM PAYNE	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(17) JOHN BUSSEY	2.00									_
BOARD MEMBER		X						0.	0.	990 (2021)

(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable			timate				
	hours per week		, unle: cer ar					compensation from	compensation from related			nount other	of
	(list any	tor						the	organizations			otriei pensa	tion
	hours for	r direc				pe:		organization	(W-2/1099-MISC	/		om th	
	related	stee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	organizations below	ıal tru	onal t		ployee	com a		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
(18) JOHN SHARDLOW	2.00	_	_		×	1 0				$\top$			
BOARD MEMBER		Х						0.	(	).			0.
(19) LIZ DILLON	2.00												
BOARD MEMBER		Х						0.	(	).			0.
(20) MENAKA MOHAN	2.00								,				•
BOARD MEMBER	2 00	Х						0.	(	).			0.
(21) MIKE WIEBOLT	2.00								,	$\cdot \mid$			0
BOARD MEMBER (22) NICKOLAS REINKE	2.00	Х						0.		) <b>.</b>			0.
BOARD MEMBER	2.00	Х						0.	,				0.
(23) RICK ROSVOLD	2.00									<del>'                                    </del>			<u> </u>
BOARD MEMBER	2,00	Х						0.	(	).			0.
(24) RICK SNYDER	2.00									$\dashv$			
BOARD MEMBER		Х						0.	(	).			0.
(25) TODD REUBOLD	2.00							_					
BOARD MEMBER	0.00	X						0.	(	).			0.
(26) TONY GRUNDHAUSER	2.00	х							,				^
BOARD MEMBER								147,778.		). ).		3,0	<u>0.</u>
1b Subtotal								0.		).	•	<b>5,</b> 0.	0.
c Total from continuation sheets to Part VII  d Total (add lines 1b and 1c)								147,778.		<del>) :</del>		3,0	
Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·				<del>. ,</del>	
compensation from the organization				G. G.		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1
•												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual									. L	3		X
4 For any individual listed on line 1a, is the su	-		-					•	-				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	∋ <i>J f</i>	or st	ıch <u>ı</u>	<u>oers</u>	on .			<u></u>	<u>  </u>	5		Λ
Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	 nsatio	on fro	m	
the organization. Report compensation for t	=	-							· · · · · · · · · · · · · · · · · · ·				
(A)								(B)			(C	;)	
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Co	mper	nsatio	n
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(	)						000	
										F	orm	99U (	2021)

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Form 990 (2021)
Part VIII

		Check if Schedule O c	ontains	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Endorated compaigns		10					
Contributions, Gifts, Grants and Other Similar Amounts									
يخ و					206 447				
Łŝ,		Fundraising events			306,447.				
重흜		- · · · · · · · · · · · · · · · · · · ·							
S, ini		Government grants (contri			10,171,291.				
ŠŠ	f	All other contributions, gifts,	grants, ar	nd					
the		similar amounts not included	above	. 1f	1,550,476.				
Ę Ģ	g	Noncash contributions included in I	ines 1a-1f	1g \$	165,753.				
an Co	h	Total. Add lines 1a-1f				12,028,214.			
					Business Code				
σ.	2 a	FEES FOR SERVICE			531390	25,695.	25,695.		
<u>Ş</u>	2 u b	-				, -	, .		
er ne									
n S	C								
a Be	d				-				
Program Service Revenue	е								
-		All other program service r							
	g	Total. Add lines 2a-2f				25,695.			
	3	Investment income (includ	•	,	· ·				
		other similar amounts)			▶	249,463.			249,463.
	4	Income from investment of	f tax-exe	empt bond p	oroceeds 🕨				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
		Gross amount from sales of	(i)	Securities	(ii) Other				
	, a	assets other than inventory	7a		(4, 2				
	<b>.</b>	•	1a						
	b	Less: cost or other basis			7 490				
ng			7b		7,490.				
Revenue		( /	7c		-7,490.	T 400			
		Net gain or (loss)			<b>&gt;</b>	-7,490.			-7,490.
ther	8 a	Gross income from fundraisin							
ō		including \$3	306,447	<u>/ · </u> of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a	105,705.				
	b	Less: direct expenses		8b	79,671.				
	С	Net income or (loss) from f	undraisi	ng events_		26,034.			26,034.
		Gross income from gaming							
		Part IV, line 19	-	9a					
	b	Less: direct expenses							
		Net income or (loss) from (		·····	<b></b>				
		Gross sales of inventory, le							
	10 a	and allowances							
	<b>.</b>								
		Less: cost of goods sold							
-	С	Net income or (loss) from s	sales of	inventory					
S					Business Code				
e e	11 a								
Miscellaneous Revenue	b								
Sel Sev	С								
Mis		All other revenue							
		Total. Add lines 11a-11d			<b>&gt;</b>				
	12	Total revenue. See instruction	ns		<b>&gt;</b>	12,321,916.	25,695.	0.	268,007.

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#### Part IX | Statement of Functional Expenses

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

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			трівів соіштіп (А).	
	•		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	38,377.	38,377.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,127.	73,063.	36,532.	36,532.
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	2,337,607.	1,665,551.	485,052.	187,004.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45,365.	31,755.	9,527.	4,083.
9	Other employee benefits	268,562.		57,858.	4,083. 23,872.
10	Payroll taxes	187,130.	130,991.	39,297.	16,842.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	49,937.		49,937.	
d	Lobbying	30,000.		30,000.	
е	Professional fundraising services. See Part IV, line 17	22 522		22 522	
f	Investment management fees	30,690.		30,690.	
g	Other. (If line 11g amount exceeds 10% of line 25,	64 000	25 600	10 256	10 040
	column (A), amount, list line 11g expenses on Sch O.)	64,298.	35,699.	10,356.	18,243.
12	Advertising and promotion	75.	F0 (F0	75.	22 670
13	Office expenses	98,169. 112,163.		15,833.	22,678. 13,139.
14	Information technology	112,103.	76,180.	22,844.	13,139.
15	Royalties	156,924.	109,847.	32,954.	14,123.
16	Occupancy	56,035.	49,435.	5,568.	-
17	Travel	30,033.	49,433.	3,300.	1,032.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	36,038.	15,828.	2,822.	17,388.
19 20		30,030.	13,020•	2,022•	11,300.
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	12,948.	9,064.	2,719.	1,165.
23	Insurance	47,410.	36,856.	7,388.	3,166.
23 24	Other expenses. Itemize expenses not covered		22,0001	.,3000	-,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EASEMENT ACQ	5,557,204.	5,557,204.		
b	PROJECT EXPENSES	2,618,136.	2,618,136.	0.	0.
С	MEMBERSHIPS, DUES, LICE	18,052.	12,805.	3,131.	2,116.
d	BANK FEES	12,547.	98.	6,108.	6,341.
е	All other expenses	44,075.		8,018.	2,047.
25	Total functional expenses. Add lines 1 through 24e	11,967,869.	10,741,389.	856,709.	369,771.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			339,470.	1	1,077,973.
	2	Savings and temporary cash investments			251,122.	2	5,207.
	3	Pledges and grants receivable, net			447,056.	3	136,950.
	4	Accounts receivable, net			2,546,513.	4	2,346,488.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			26,311.	9	41,487.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		250,032. 67,667.			
	b	Less: accumulated depreciation	. 10b	67,667.	221,304.	10c	182,365.
	11	Investments - publicly traded securities			12,207,875.	11	10,747,864.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	811,200.	15	811,200.		
	16	Total assets. Add lines 1 through 15 (must ed	16,850,851.	16	15,349,534.		
	17	Accounts payable and accrued expenses		675,149.	17	429,656.	
	18	Grants payable		0	18	206 240	
	19	Deferred revenue			0.	19	286,348.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
Ej.		controlled entity or family member of any of th	-			22	
_	23	Secured mortgages and notes payable to unre				23 24	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		(0	•	· ·		25	
	26	Total liabilities. Add lines 17 through 25		·····	675,149.	25 26	716,004.
	20	Organizations that follow FASB ASC 958, cl	neck here	X	07371131	20	71070011
S		and complete lines 27, 28, 32, and 33.	icon norc				
ğ	27				6,474,017.	27	4,633,400.
3ali	28				9,701,685.	28	10,000,130.
둳		Organizations that do not follow FASB ASC					, ,
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				16,175,702.	32	14,633,530.
	33	Total liabilities and net assets/fund balances			16,850,851.	33	15,349,534.
							000

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1 2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	1 2		, <u>32</u> 2		<u>16.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	,175		
5	Net unrealized gains (losses) on investments	5		, 896		
6	Donated services and use of facilities	6			<del>, _</del>	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14.	, 633	3.5	30.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	ar guidite, explain why an Cabadula O and describe any stans taken to undergo such guidite		- 1	26		I

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization MINNESOTA LAND TRUST 41-1713652 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 12, 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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) 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8666067.	9238945.	9874374.	17615158.	12028214.	57422758.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.5.5.0.5.7	222245	0054054	45645450	1000011	
	Total. Add lines 1 through 3	8666067.	9238945.	9874374.	17615158.	12028214.	57422758.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						605 000
	column (f)						685,882.
	Public support. Subtract line 5 from line 4.						56736876.
	• • • • • • • • • • • • • • • • • • • •	( ) 0047	(1) 2010	( ) 0040	( 1) 0000	( ) 0004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 8666067.	(b) 2018 9238945.	(c) 2019	(d) 2020 17615158.	(e) 2021	(f) Total
	Amounts from line 4	8000007.	9430943.	30/43/4.	17013130.	12020214.	5/422/56.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	156,766.	252 084	204 629	210,949.	249 463	1073891.
_	and income from similar sources	130,700.	232,004.	204,029.	210,949.	249,403.	1073091.
9	Net income from unrelated business activities, whether or not the						
		13,839.	20,226.	20,343.	58,852.	26 034	139,294.
40	business is regularly carried on	13,033.	20,220	20,343.	30,032.	20,034.	133,234.
Ю	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						58635943.
	Gross receipts from related activities,	etc (see instruction	nns)			12	264,667.
	<b>First 5 years.</b> If the Form 990 is for th						
	organization, check this box and stop	-			<u>.</u>		ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	96.76 %
	Public support percentage from 2020					15	96.34 %
	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	<b></b> ▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>

# Schedule A (Form 990) 2021 MINNESOTA LAND TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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 the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
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			
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more 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 activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	Illy integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 MINNESOTA LAN			4	1-1713652 Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and to				

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

MINNESOTA LAND TRUST 41-1713652

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., explete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively explored, etc., contributions totaling \$5,000 or more during the year
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# MINNESOTA LAND TRUST

41-1713652

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,079,573.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# MINNESOTA LAND TRUST

41-1713652

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadala P. (Farra 000) (0004)

Name of organization Employer identification number

	'A LAND TRUST clusively religious, charitable, etc., contribution	ons to organizations described in sec	$\frac{41-1713}{(0.001)^{1/2}}$ on 501(c)(7), (8), or (10) that total more than	
fro	om any one contributor. Complete columns (a)	through (e) and the following line entry	For organizations	
cor	npleting Part III, enter the total of exclusively religious, o	charitable, etc., contributions of \$1,000 or le	s for the year. (Enter this info. once.)	
lo.	se duplicate copies of Part III if additional s I	space is needed.	1	
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gi	ft is held
t I	(3): 3::pood of g.::t	(0, 000 0. g	(a) 2 con paon or non gr	
<u>-</u>			_	
_				
			_	
		(e) Transfer of gift	•	
		(5)		
	Transferee's name, address, an	nd 7IP ± 4	Relationship of transferor to transfe	roo
	Transieree 3 name, address, an	IN ZIF + 4		<del>11 CC</del>
-				
-				
—				
la				
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gi	ft is held
t I	(7,741,744, 3	(,,, = ,, , , , , , , , , , , , , , , ,		
			_	
_			_	
			_	
1		(e) Transfer of gift		
		(e) Transfer of gift		
	Transferee's name, address, an		Relationship of transferor to transfe	eree
	Transferee's name, address, an		Relationship of transferor to transfe	eree
	Transferee's name, address, an		Relationship of transferor to transfe	eree
	Transferee's name, address, an		Relationship of transferor to transfe	eree
_	Transferee's name, address, an		Relationship of transferor to transfe	eree
		nd ZIP + 4		
	Transferee's name, address, an		Relationship of transferor to transfer	
n		nd ZIP + 4		
n		nd ZIP + 4		
n		nd ZIP + 4		
n		nd ZIP + 4		
n		(c) Use of gift		
n		nd ZIP + 4		
n	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
n		(c) Use of gift  (e) Transfer of gift		ft is held
n	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
n	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
n	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
m t l	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
m t l	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	(d) Description of how gi	ft is held
	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift	(d) Description of how gi	ft is held

# **SCHEDULE C**

(Form 990)

**Political Campaign and Lobbying Activities** 

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• 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.

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	MINNESO	TA LAND TRUST			41-1713652
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$	S
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b> \$	}
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/5
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	:)(3).
	Enter the amount directly expended	, , ,	·		
2	Enter the amount of the filing organ				
	exempt function activities				·
3	Total exempt function expenditures				
	line 17b				
4	3 3				
5	Enter the names, addresses and en made payments. For each organiza	• •		~	
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If			•	0 0
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

	MINNESOTA LA				713652 Page 2
Part II-A Complete if the org	anization is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	· ·	•	Part IV each affiliated	group member's name	e, address, EIN,
. — '	e of excess lobbying e	• •			
B Check ► if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.	I	
Limit	ts on Lobbying Expen	ditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	nts paid or incurred.)		totals	totais
1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ		, ,,		30,000.	
c Total lobbying expenditures (add lii	-			30,000.	
<b>d</b> Other exempt purpose expenditure				11,937,869.	
e Total exempt purpose expenditure:				11,967,869.	
f _Lobbying nontaxable amount. Ente	r the amount from the			748,393.	
If the amount on line 1e, column (a) o		bying nontaxable amo			
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			187,098.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j If there is an amount other than zer	o on either line 1h or li	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		raging Period Under	` '		
(Some organizations th		• •	•	of the five columns be	low.
	<u> </u>	ite instructions for lin			
	Lobbying Expen	ditures During 4-Yea	r Averaging Period	I	
Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) rotai
2a Lobbying nontaxable amount	556,544.	541,170.	965,455.	748,393.	2,811,562.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					4,217,343.
c Total lobbying expenditures	15,000.	30,000.	30,000.	30,000.	105,000.
d Grassroots nontaxable amount	139,136.	135,293.	241,364.	187,098.	702,891.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					1,054,337.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 MINNESOTA LAND TRUST 41-17136

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description				(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?  Grants to other organizations for labbying purposes?				
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	), or sec	tion	
	501(c)(6).				
				Yes	No
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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				2 io
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	NO ON (I	b) Parti	II-A, IIIIe	3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		۔ ا		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ss			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditure next year?		. 4		
_5_	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	ist); Part II-A	, lines 1 a	nd 2 (See	
instru	actions); and Part II-B, line 1. Also, complete this part for any additional information.				

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MINNESOTA LAND TRUST

**Employer identification number** 41-1713652

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		r Similar Funds	or Accou	nts. Complete if the
	organization anowored Tee City of 11 000, 1 art 14, 111	(a) Donor ad	vised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			, ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		s held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	X Protection of natural habitat		Preservation o	f a certified hi	storic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<b>I</b>	653
b					73,306.00
С	Number of conservation easements on a certified historic stru				<u> </u>
d	Number of conservation easements included in (c) acquired a			I	
_	listed in the National Register			<u>2d</u>	0
3	Number of conservation easements modified, transferred, release   year	eased, extinguished,	or terminated by the	e organization	during the tax
4	Number of states where property subject to conservation eas	sement is located	2		
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	pection, handling of		
	violations, and enforcement of the conservation easements it	t holds?			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	l enforcing conserva	ation easemen	its during the year
	▶\$ <u>1,284,942.</u>				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial statem	ents that des	cribes the
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	·		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	enue statement and	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Other	Similar	Assets	(contin	ued)				
3													
	collection items (check all that apply):												
а	a Public exhibition d Loan or exchange program												
b	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	pt purpos	se in Part	XIII.					
5													
	to be sold to raise funds rather than to be ma							Yes		No			
Pai	t IV Escrow and Custodial Arrang		te if the organization	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or					
	reported an amount on Form 990, Par	t X, line 21.											
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included												
	on Form 990, Part X? Yes No												
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:												
								Amount					
	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial acco	unt liabilit	y?	L	Yes	<u>_</u>	No			
	If "Yes," explain the arrangement in Part XIII.												
Par	t V Endowment Funds. Complete i												
		(a) Current year	(b) Prior year	(c) Two year	<del>'</del>		ears back	(e) Four					
	Beginning of year balance	12,079,743.	7,963,744.	-	0,620.		97,188.			172.			
	<b>b</b> Contributions 636,212. 2,403,469. 2,188,260. 432,300. 605,242												
С	c Net investment earnings, gains, and losses -1,658,521. 2,112,988. 366,660. 317,132. 251,4								485.				
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs	566,662.	400,458.	371	1,796.	2	66,000.		209,	711.			
f	Administrative expenses												
g	End of year balance	10,490,772.	12,079,743.	7,963	3,744.	5,7	80,620.	5,	297,	188.			
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:									
	Board designated or quasi-endowment	24.0000	_%										
	Permanent endowment ► 3.0000	%											
С	Term endowment ► 73.0000	%											
	The percentages on lines 2a, 2b, and 2c show	•											
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administer	ed for the	organiza	ition	Г					
	by:								Yes	No			
	(i) Unrelated organizations							3a(i)		<u>X</u>			
	(ii) Related organizations							3a(ii)		_X_			
b	If "Yes" on line 3a(ii), are the related organiza							3b					
Do:	Describe in Part XIII the intended uses of the	organization's endov	vment funds.										
Pai	t VI Land, Buildings, and Equipm		Dort IV line 11e C	00 Farm 000	Dort V II	no 10							
	Complete if the organization answered						. 1						
	Description of property	(a) Cost or of basis (investm	` '			cumulate reciation	d	(d) Book	valu	е			
		· · · · · ·			иер	reciation		163	2	<u>-                                    </u>			
	Land		10	3,260.				103	, 4	<u>60.</u>			
	Buildings												
	Leasehold improvements		0	6,772.		67,66	57	1.0	1 1	05.			
	Equipment		0	0,114.		07,00	, , •	13	, <u>,</u> _ '	0.5.			
	Other							100	) 2	65.			
ıota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part )</u>	<u>K. column (B), line 10</u>	Oc.)				102	, , )	00.			

Schedule D (Form 990) 2021 MINNESOTA I	AND TRUST	41	-1713652 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(-)	(0)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a	) Description		(b) Book value
(1) BENEFICIAL INTEREST - DON	ATED LAND		811,20
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	811,20
Part X Other Liabilities.	Lon Form 000 Dort IV line	11 a av 11f Caa Farm 000 Bart V lina 05	-
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV, line	The or 11f. See Form 990, Part X, line 25	1
			(b) Book value
(1) Federal income taxes			
(2)			
<u>(v)</u>			+

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Scho	dule D (Form 990) 2021 MINNESOTA LAND TRUST			41_	1713652 Page
	t XI Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,395,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,896,219.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	-1,896,219
3	Subtract line 2e from line 1			3	12,291,226
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,690.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	30,690
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	12,321,916
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	11,937,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1		
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments			-	
С	Other losses	2c		-	
d	,				
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	11,937,179
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	20.600		
	Investment expenses not included on Form 990, Part VIII, line 7b		30,690.	-	
b	Other (Describe in Part XIII.)	4b			20.500
С	Add lines 4a and 4b			4c	30,690
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,967,869
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			l; Part	X, line 2; Part XI,
PAI	RT II, LINE 3:				
ОТ	TER TAIL RIVER (CCSC) THE AMENDMENT CLARIF	'IED	INTERNAL BOU	NDA	RY LINES
AS	TO AREAS WHERE AGRICULTURAL ACTIVITIES MAY	BE	CONDUCTED.		
ОТ	TER TAIL RIVER (CCSC2) THE AMENDMENT CLARI	FIED	INTERNAL BO	UND	ARY LINES
AS	TO AREAS WHERE AGRICULTURAL ACTIVITIES MAY	BE	CONDUCTED.		
PR <i>I</i>	AIRIE MEADOW (KALSEIM) THE AMENDMENT CLARI	FIED	INTERNAL BO	UND	ARY LINES
<u>AS</u>	TO PRAIRIE RESTORATION AREAS.				

#### PART II, LINE 5:

THE MINNESOTA LAND TRUST HAS EXTENSIVE POLICIES AND PROCEDURES COVERING THE ULTIMATE ITS CONSERVATION EASEMENT STEWARDSHIP PROGRAM.

RESPONSIBILITY OF THE LAND TRUST'S CONSERVATION EASEMENT STEWARDSHIP

Part XIII Supplemental Information (continued)

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

PART II, LINE 9:

CONSERVATION EASEMENTS ACCEPTED OR PURCHASED BY THE LAND TRUST ARE NOT

RECOGNIZED AS ASSETS IN THE FINANCIAL STATEMENTS BECAUSE THE LAND TRUST

Part XIII Supplemental Information (continued)

DOES NOT HAVE FEE TITLE TO THE PROPERTIES AND THERE ARE NO EXPECTED FUTURE

ECONOMIC BENEFITS. IF PURCHASED, THE COSTS OF CONSERVATION EASEMENTS ARE

EXPENSED WHEN THE EASEMENTS ARE ACQUIRED.

MOST PURCHASES OF CONSERVATION EASEMENTS ARE MADE WITH STATE OF MINNESOTA

FUNDS THROUGH THE OUTDOOR HERITAGE FUND (OHF) OR ENVIRONMENT AND NATURAL

RESOURCES TRUST FUND (ENRTF) AND ARE SHOWN AS REVENUE AND EXPENSES IN THE

ACOUISITION ACCOUNTS.

ONLY THE PURCHASE PRICE OF AN EASEMENT IS RECORDED; PROJECT COSTS SUCH AS

TITLE WORK, MAPPING AND THE LIKE ARE CONSIDERED PART OF THE LAND TRUST'S

CORE OPERATING PROGRAM EXPENSE.

#### PART V, LINE 4:

THE ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE LONG-TERM OPERATING SUPPORT

FOR THE MINNESOTA LAND TRUST; THE JUDD LAKE ENDOWMENT WAS ESTABLISHED TO

PROVIDE FUNDS FOR THE CARE AND MANAGEMENT OF THE JUDD LAKE PROPERTY THE

LAND TRUST OWNS NEAR ELY.

#### PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING

TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT

THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING

AUTHORITIES. MANAGEMENT BELIEVES THE LAND TRUST HAS NO UNCERTAIN INCOME

TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER

THE MORE LIKELY THAN NOT STANDARD.

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name of the organization

Employer identification number

IIM	NNESOTA LAND				41-171365	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part I\	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
	United States.					
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and
		in the region	contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
	TH AMERICA -					
	ADA AND MEXICO,				L	
ТОИ	US	0	0	GRANTS TO RECIPIENTS	LAND CONSERVATION	38,377.
3 а	Subtotal	0	0			38,377.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and Oh)	i n	I 0			38 377

Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, NOT US	LAND CONSERVATION	38,377.	CHECK	0.	N/A	N/A
		,		,				
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			1 0

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

Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Page 4

Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART I, LINE 2:	
THE LAND TRUST MONITORS THE EXPENSES GRANTED FROM ITS RAINY LAKE FUND VIA	
SEVERAL MECHANISMS, INCLUDING ANNUAL IN-PERSON MEETINGS AND WRITTEN	
REPORTS FROM ENTITIES RECEIVING THE FUNDS.	
PART I, LINE 3:	
ACCRUAL	

# SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

may/Form 000 for instructions and the letest information

OMB No. 1545-0047

2021

Open to Public Inspection

Internal Revenue Service

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

Name of the organization Employer identification number MINNESOTA LAND TRUST 41-1713652 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, ilnes i and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MINNESOTA		NONE	. ,
			MADE			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Р			(oront typo)	(orom type)	(total Hambel)	
Revenue			112 152			112 152
Вè	יו	Gross receipts	412,152.			412,152.
_			206 445			206 445
	2	Less: Contributions	306,447.			306,447.
	3	Gross income (line 1 minus line 2)	105,705.			105,705.
	4	Cash prizes				
	5	Noncash prizes	35,636.			35,636.
Se						
Š	6	Rent/facility costs	6,970.			6,970.
Direct Expenses	_		,			,
벙	7	Food and beverages	26,639.			26,639.
Ē	•					
	8	Entertainment	700.			700.
	9	Other direct expenses	9,726.			700. 9,726.
	10					79,671.
		Net income summary. Subtract line 10 from li			_	26,034.
Pa	ırt I					20,034.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1 990, Fait IV, line 19, of 1	eported more than	
		\$15,000 OH FORM 990-EZ, line 6a.	I	(L.) Dull taba/inatant		( I) Tatal manaina (a alal
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) tillough coi. (c))
žę						
_	1	Gross revenue				
S	2	Cash prizes				
Su						
Expenses	3	Noncash prizes				
Щ Н						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
			. ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<i>y y</i>	, , ,		,	
9	En	ter the state(s) in which the organization condu	cts gaming activities.			
		the organization licensed to conduct gaming a	_			Yes No
	• ••	No," explain:				
	_					
10-	\\/.	ere any of the organization's gaming licenses re	wokod guanandad arit-	rminated during the terri	roar?	Yes No
				-	real!	169 NO
	If II					
b	If "	Yes," explain:				

Sch	nedule G (Form 990) 2021 MINNESOTA LAND TRUST 41	-171	365	2 Pag	ge <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	$\Box$	Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_		
	to administer charitable gaming?	L	_ Yes		No
	Indicate the percentage of gaming activity conducted in:	1	. 1		
	a The organization's facility				<u>%</u>
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13	di		<u>%</u>
17	The the hame and address of the person who prepares the organization's gaming/special events books and records.				
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party  \$\bigs\\$				
•	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	$\square$	Yes		No
ŀ	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	!			
D-	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III,	lines 9	, 9b, 10	Ob,
_	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.				
_					
_					
_					

Schedule G	i (Form 990)	MINNESOTA	LAND	TRUST		41-1713652	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)					

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MINNESOTA LAND TRUST

 $\begin{array}{c} \text{Employer identification number} \\ 41 - 1713652 \end{array}$ 

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns benefits (B)(i)-(D)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KRIS WILLIAM LARSON	(i)	147,778.	0.	0.	3,050.	0.	150,828.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization MINNESOTA LAND TRUST Employer identification number 41-1713652

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermini	_	s
1	Art - Works of art		items contributed	Tomi 330, Fait Viii, line 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	13	100.617.	AVG VALUE I	DAY C	)F 7	rra
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	Х	1	29,500.	EST PROPERT	Y V	LUI	2
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( AUCTION ITEMS )	X	44	35,636.	EST FMV			
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organic						4	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>			4	
				=			Yes	No
30a	During the year, did the organization receive by							l
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period'	<i>'</i>				30a		X
	If "Yes," describe the arrangement in Part II.	1: 41 4	i	-£	.:O	0.4	v	
31	Does the organization have a gift acceptance p				ions?	31	Х	
32a	Does the organization hire or use third parties		_			20-	x	l
L	contributions?					32a	Λ	
33	If "Yes," describe in Part II.  If the organization didn't report an amount in c	olumn (a) far	r a type of property	for which column (a) is show	sked			
33	describe in Part II.	olullili (C) fol	a type of property	nor which column (a) is ched	oneu,			
	GOOGING III I AIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS RECEIVED IS REPORTED IN PART I, COLUMN B.
SCHEDULE M, LINE 32B:
WE USE REALTORS TO SELL PROPERTIES THAT WE HOLD IN FEE.
SCHEDULE M, LINE 33:
CONSERVATION EASEMENTS ACCEPTED BY THE MINNESOTA LAND TRUST ARE NOT
RECORDED AS ASSETS BECAUSE THE LAND TRUST DOES NOT HAVE TITLE TO THE
PROPERTIES AND THERE ARE NO EXPECTED FUTURE ECONOMIC BENEFITS FOR THE
LAND TRUST. AMOUNTS REPORTED ON SCHEDULE M ARE FOR THOSE CASES WHERE
THE LAND TRUST RECEIVES DONATED PROPERTY IN ITS NAME.

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2U2T
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

MINNESOTA LAND TRUST

Employer identification number 41-1713652

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

PROTECTION: THE LAND TRUST WORKS WITH LANDOWNERS AND LOCAL COMMUNITIES

TO PROTECT AND RESTORE MINNESOTA'S CHERISHED BUT INCREASINGLY

THREATENED LANDS AND WATERS PRIMARILY THROUGH ESTABLISHING, CREATING,

AND MONITORING PERPETUAL CONSERVATION EASEMENTS. 653 LAND PROTECTION

PROJECTS HAVE BEEN COMPLETED SINCE 1991, TOTALING 73,306 ACRES AND

2,338,645 FEET OF SHORELINE.

RESTORATION: THE LAND TRUST HAS PARTNERED WITH LOCAL, STATE, FEDERAL

AND TRIBAL ENTITIES ON RESTORATION WORK IN THE ST. LOUIS RIVER ESTUARY,

A UNIQUE, 12,000-ACRE WETLAND COMPLEX BETWEEN DULUTH, MN AND SUPERIOR,

WI. THE RESTORATION PROGRAM ALSO HELPS PRIVATE LANDOWNERS RESTORE

THEIR LAND TO ITS NATURAL STATE, HELPING TO PROTECT WILDLIFE HABITAT AS

WELL AS OUR STATE'S SIGNATURE LAKES AND RIVERS.

ENGAGEMENT: LAND TRUST INVESTS IN EFFORTS TO ENGAGE CURRENT AND FUTURE

GENERATIONS OF MINNESOTANS IN THE GREAT OUTDOORS. THIS INCLUDES WORKING

WITH OUTDOOR USER GROUPS AND YOUTH SERVICE AGENCIES TO BRIDGE THE

EQUITY AND ADVENTURE GAP THAT IS WIDESPREAD IN MINNESOTA COMMUNITIES,

CONNECTING UNDERSERVED POPULATIONS WITH DIFFICULT-TO-ACCESS OUTDOOR

EXPERIENCES.

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

THE EXECUTIVE COMMITTEE MAY EXERCISE THE AUTHORITY OF THE BOARD OF

DIRECTORS IN THE MANAGEMENT OF THE AFFAIRS OF THE ORGANIZATION DURING THE

INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT AT ALL TIMES

Schedule O (Form 990) 2021 Page 2

Name of the organization

MINNESOTA LAND TRUST

Employer identification number
41-1713652

TO THE BYLAWS OF THE ORGANIZATION.

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

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

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

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

POTENTIAL CONFLICTS IN WRITING, ALL MAJOR ORGANIZATIONAL TRANSACTIONS ARE

EVALUATED WITH RESPECT TO POTENTIAL CONFLICTS OF INTEREST. THE EXECUTIVE

DIRECTOR AND/OR THE CHAIR OF THE BOARD ARE INVOLVED IN EVALUATING

PROSPECTIVE POTENTIAL CONFLICTS AND DOCUMENTING DECISIONS. RECORDS ARE

KEPT OF ALL POTENTIAL CONFLICTS AND RELATED DECISIONS.

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

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

PERSONNEL COMMITTEE OF THE BOARD WITH SPECIFIC RESPONSIBILITY TO EVALUATE

THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SET COMPENSATION FOR THE

EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS AVAILABLE DATA

REGARDING COMPENSATION OF SIMILAR POSITIONS IN SIMILAR SITUATIONS AND SETS

COMPENSATION ACCORDINGLY. ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE

Schedule O (Form 990) 2021 Page 2

Name of the organization

MINNESOTA LAND TRUST

Employer identification number

41-1713652

ARE INDEPENDENT. DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN

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

APPROPRIATE. DECISIONS REGARDING THE EXECUTIVE DIRECTOR COMPENSATION ARE

ALSO REVIEWED BY THE FULL BOARD OF DIRECTORS.

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MINNESOTA LAND TRUST
WEBSITE AND ARE ON FILE WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE.

COPIES ARE ALSO AVAILABLE FROM THE LAND TRUST UPON REQUEST. AN ANNUAL
REPORT SUMMARIZING AUDITED FINANCIAL INFORMATION AND PROGRAM INFORMATION IS
ALSO PREPARED. IT IS WIDELY DISTRIBUTED TO DONORS AND OTHER INTERESTED

PARTIES AND IS AVAILABLE ON THE MINNESOTA LAND TRUST WEBSITE. COPIES OF
OTHER GOVERNANCE DOCUMENTS AND LAND TRUST POLICIES ARE MADE AVAILABLE ON A
CASE BY CASE BASIS AS REQUESTED. IN PRACTICE, REQUESTS HAVE BEEN VERY
RARE.

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

THE MINNESOTA LAND TRUST USES THE SERVICES OF A PROFESSIONAL EMPLOYER

ORGANIZATION THAT PROVIDES THE ORGANIZATION WITH HUMAN RESOURCES

SERVICES INCLUDING PAYROLL PROCESSING AND BENEFITS MANAGEMENT. ALL

MINNESOTA LAND TRUST EMPLOYEES ARE CO-EMPLOYED BY THE PEO. THE PEO IS

SOLELY RESPONSIBLE FOR COMPLYING WITH ALL INCOME AND SOCIAL SECURITY

TAX LAWS AND REGULATIONS RELATED TO OUR EMPLOYEES AND COMPLETES THE

REQUIRED TAX FILINGS.