#### EXTENDED TO NOVEMBER 16, 2020

# **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.

Do not enter social security numbers on this form as it may be made public.
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2019
Open to Public Inspection

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change PARKS & TRAILS COUNCIL OF MINNESOTA Name change 41-1450303 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 275 EAST 4TH STREET 250 651-726-2457 2,188,487. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ST. PAUL, MN 55101 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRETT FELDMAN Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.PARKSANDTRAILS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1954 M State of legal domicile: MN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE PARKS & TRAILS COUNCIL Governance MINNESOTA EXISTS TO ACQUIRE, PROTECT AND ENHANCE CRITICAL LANDS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7h **Current Year Prior Year** 415,676. 493,753. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 234,185. 186,787. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,120. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,091. 11 743,058. 624,554. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 25,000. 32,864. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 357,863. 387,865. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 272,181. 278,599. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 655,044. 699,328. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -74,774. 88,014. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,780,789. 8,066,687. 20 Total assets (Part X, line 16) 189,109. 190,090. 21 Total liabilities (Part X, line 26) 三年 591,680. 876,597 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 preparer has any knowledge. Signature of officer Date Sign BRETT FELDMAN, EXECUTIVE DIR. Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/11/20 self-employed MATT PILLSBURY MATT PILLSBURY P01565609 Paid Firm's EIN ▶ 41-1534805 Firm's name CARPENTER, EVERT & ASSOCIATES, LTD. Preparer Firm's address > 7760 FRANCE AVE S, SUITE 940 Use Only BLOOMINGTON, MN 55435 Phone no. (952) 831-0085 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2019) LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

Department of the Treasury

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	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE PARKS & TRAILS COUNCIL OF MINNESOTA EXISTS TO ACQUIRE, PROTECT AND
	ENHANCE CRITICAL LANDS FOR THE PUBLIC'S USE AND BENEFIT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 568 , 589 including grants of \$ 32 , 864) (Revenue \$ )
	OUTREACH AND COMMUNITY ENGAGEMENT: OUR WORK RELIES ON THE SUPPORT OF
	THE MANY PEOPLE WHO USE AND APPRECIATE PARKS AND TRAILS. WE WORK TO
	EDUCATE AND ENGAGE THIS COMMUNITY TO SUPPORT OUR EFFORTS TO ACQUIRE,
	PROTECT AND ENHANCE THESE PLACES IN A VARIETY OF WAYS. OUR DAY ON THE
	HILL BROUGHT TOGETHER SUPPORTERS FROM ACROSS THE STATE TO THE CAPITOL
	ON MARCH 27 TO ADVOCATE FOR KEY PARKS AND TRAILS ISSUES; OUR MAGNEY
	CIRCLE MEMBERS TOURED OUR 2019 LAND PROJECT FOR TETTEGOUCHE STATE PARK
	WITH GEOLOGY PROFESSOR, DR. TOM FITZ; OUR ANNUAL PHOTO CONTEST HAD
	HUNDREDS OF SUBMISSIONS SHOWCASING THE BEAUTY OF MINNESOTA'S PARKS AND
	TRAILS; AND THOUSANDS OF SUPPORTERS CONNECT WITH OUR ISSUES WITH OUR
	REGULAR NEWSLETTERS, EMAILS, MINNESOTA TRAILS MAGAZINE CONTENT,
	FACEBOOK AND INSTAGRAM.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	RESEARCH AND PUBLIC POLICY: ONE OF OUR CORE VALUES AT PARKS & TRAILS
	COUNCIL OF MINNESOTA IS THAT DECISIONS ARE MADE USING THE BEST
	AVAILABLE SCIENCE AND DATA. OUR INDEPENDENT RESEARCH COMPLEMENTS THE
	WORK OF OUR PUBLIC PARTNERS AND TOGETHER BRINGS CLARITY AND CONFIDENCE
	TO OUR PUBLIC POLICY ADVOCACY AT THE STATE CAPITOL AND IN COMMUNITIES
	THROUGHOUT THE STATE. IN ADDITION TO CONDUCTING, PROMOTING AND
	REVIEWING RESEARCH ON TOPICS RELATED TO CONSERVATION AND OUTDOOR
	RECREATION, THE PARKS & TRAILS COUNCIL STRIVES TO BE A FACILITATOR OF
	PARK AND TRAIL-RELATED RESEARCH BY ENSURING TIMELY DISSEMINATION OF
	INFORMATION TO POLICY MAKERS, OUR MEMBERSHIP AND THE PUBLIC. IN JULY
	2019 THE PARKS & TRAILS COUNCIL PUBLISHED A ONE-OF-A-KIND STATE OF THE
	TRAILS REPORT. THIS REPORT ANALYZES DATA FROM ALL 22 PAVED STATE TRAILS
4c	(Code:) (Expenses \$
	LAND PROTECTION: STEPPING UP TO BUY CRITICAL LAND TO BECOME PART OF
	MINNESOTA'S PARKS AND TRAILS IS ESSENTIAL TO REALIZING PARKS & TRAILS
	COUNCIL OF MINNESOTA'S VISION OF AN INTERCONNECTED SYSTEM OF PARKS AND
	TRAILS THAT PROVIDE ALL MINNESOTANS WITH OUTSTANDING OUTDOOR RECREATION
	OPPORTUNITIES WHILE PRESERVING THE NATURAL DIVERSITY OF OUR STATE. OUR
	SAMUEL H. MORGAN LAND ACQUISITION FUND, A REVOLVING LOAN FUND CURRENTLY
	VALUED AT \$4.8 MILLION, HAS BEEN CENTRAL TO OUR EFFECTIVENESS, ALLOWING
	US TO MOVE QUICKLY TO PURCHASE STRATEGICALLY SELECTED LANDS WHEN THEY
	ARE UP FOR SALE AND HOLDING THEM IN TRUST UNTIL A PUBLIC AGENCY CAN
	ASSUME OWNERSHIP. IN 2019, WE SAVED 25 ACRES OF CRITICAL LAND FOR
	MINNESOTA'S PARKS AND TRAILS, INCLUDING A HEAVILY WOODED PROPERTY
	STRADDLING BOTH SIDES OF THE BAPTISM RIVER A SCENIC RIVER STREWN WITH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 568,589.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
3		5		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<del>"</del>		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	37	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C				x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		- v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.                                   </u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17		10		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مد ا		₩
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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	· (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	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		
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
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%			1
	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,			1
	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 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
	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 lines 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			v
•	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		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	1

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Form 990 (2019) PARKS & TRAILS COUNCIL OF MINNESOTA

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	2a	6						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
	•			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 a		•			х			
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccour	it)?	4a					
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	+c (EDAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul>								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		X			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	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 set	vices p	rovided to the payor?	7a		X			
	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	as req	uired						
	to file Form 8282?	 I	 I	7c		_X_			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f					
t ~	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
Ū	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b	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	10a		_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4					
11	Section 501(c)(12) organizations. Enter:		ı						
	Gross income from members or shareholders	11a		-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	د							
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	10-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	<u></u>	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_							
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.					77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.				000	(0040)			

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>C</u>						X					
Sec	tion A. Governing Body and Management										
		ı	1 45		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15								
	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	15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	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 990 was filed?										
5											
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 ap										
	more members of the governing body?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea										
	The governing body?	-	-	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
•	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule</i> O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
	This occion b requests information about policies not required by the internal ne	verrue	0040./		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	in 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	Х						
15	Did the process for determining compensation of the following persons include a review and approva										
	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 in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶MN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990	)-T (Section 501(c)(3)	only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website X Another's website X Upon request Other (explain	on S	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (	of interest policy, and	financ	cial						
	statements available to the public during the tax year.										
20	, , , , , , , , , , , , , , , , , , ,										
	BRETT FELDMAN - 651-726-2457										
	275 EAST 4TH STREET, ST. PAUL, MN 55101										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANNE FLUECKIGER DIRECTOR	2.00	х						0.	0.	0.
(2) BRUCE JOHNSON	2.00	Λ						0.	0.	· ·
DIRECTOR	2.00	Х						0.	0.	0.
(3) JANE HARPER	2.00	Λ						0.	0.	<u></u>
DIRECTOR	2.00	Х						0.	0.	0.
(4) MAUREEN REED	2.00	25						•	•	<u>.                                </u>
DIRECTOR	200	х						0.	0.	0.
(5) ROBERT O. ERICKSON	2.00	T-							0.1	
TREASURER		х		х				0.	0.	0.
(6) STEVE COOK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DOROTHY ANDERSON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) BOB BIERSCHEID	5.00									
CHAIR		Х		Х				0.	0.	0.
(9) JULIE GUGIN	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(10) DR. PAUL KARAZIJA	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KELLIE LOWMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) TOM STOA	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) ED MURPHY	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) EMILY NESVOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(15) RICHARD BRAINERD	2.00								_	_
DIRECTOR	1 2 00	Х				_		0.	0.	0.
(16) JOHN PROVO	2.00	٠,							_	_
DIRECTOR	1 2 00	Х	$\vdash$		$\vdash$			0.	0.	0.
(17) MARV TRANDEM DIRECTOR	2.00	Х						0.	0.	_
932007 01-20-20		Λ			<u> </u>			1 0.	<u> </u>	0 • Form <b>990</b> (2019)

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<b>(A)</b> Name and title	(B) Average hours per week	box, unless person is officer and a director/						(D) (E)  Reportable Reportable compensation compensation from from related				(F) stimate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	fr org an	pensa rom the anizati d relate anizatio	e ion ed
(18) KATHY BONNIFIELD	2.00	.,								^			_
OIRECTOR (19) DICK BRAINERD	2.00	Х					-	0.		0.			0.
DIRECTOR		Х						0.		0.			0.
(20) CYRI VAN HECKE	2.00												
DIRECTOR	0.00	Х	_			_	_	0.		0.			0.
(21) BARRY WARNER DIRECTOR	2.00	х						0.		0.			0.
(22) BRETT FELDMAN	40.00	Δ						0.		0.			0.
EXECUTIVE DIR.		1		х				119,431.		0.			0.
-													
			┢			$\vdash$	-						
1b Subtotal							▶	119,431.		0.			0.
c Total from continuation sheets to Part VI							▶	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	119,431.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o r	eceived more than \$100,0	000 of reportable				1
compensation from the organization												Yes	No.
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	· hiç	ghest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													37
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual	for comices		4		<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	ipiete ochedule	<i>-</i> 0 1	UI SC	<i>i</i> CII ļ	JGIS	OH					Ū		
Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	ensa	tion fro	om	
(A)					iui	JI WI	<u> </u>	(B)			((		
Name and business	address	N	ONE	<u> </u>				Description of se	ervices		ompe	nsatio	1
2 Total number of independent contractors (i	•	ot lir	nited	d to	thos	_	tec	I above) who received mo	re than				

Form 990 (2019) PARKS & Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VIII			
		Check if Schedule O contains a response of note to any	(A) Total revenue F	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants	1 a	Federated campaigns  Membership dues Fundraising events  1a 78,260	•			
ions, Gift	e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and				
Contributions, Gifts, Grants and Other Similar Amounts	Ç	similar amounts not included above 1f 337,416  Noncash contributions included in lines 1a-1f 1g \$				
<u> </u>		Business Coo				
•	2 8					
į	Z t					
Ser	,					
ž ž	)					
gra Re	`					
Program Service Revenue	ì	All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	120,150.			120,150.
	4	Income from investment of tax-exempt bond proceeds				,
	5	Royalties				_
		(i) Real (ii) Persona				
	6 :	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a 684,529.935,000	.			
	ŀ	Less: cost or other basis				
ē		and sales expenses 76 609,343.943,549				
enr	,	and sales expenses 7b 609,343.943,549 7c 75,1868,549				
Revenue		Net gain or (loss)	66,637.	-8,549.		75,186.
Other I		Gross income from fundraising events (not including \$ of		·		
		contributions reported on line 1c). See				
		Part IV, line 18 8a 14,090	<u>.</u>			
	k	Less: direct expenses 8b 11,041	•			
		Net income or (loss) from fundraising events	3,049.			3,049.
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a				
	k	Less: direct expenses9b				
	(	Net income or (loss) from gaming activities	•			
	10 a	Gross sales of inventory, less returns				
		and allowances10a				
	k	Less: cost of goods sold 10b				
	(	Net income or (loss) from sales of inventory	•			
S		Business Coo				
e žo	11 a	OTHER INCOME 900099	19,042.			19,042.
ans enu	k	)				
Sell Sell	(		1			
Miscellaneous Revenue	(	All other revenue	10010			
_	6	e Total. Add lines 11a-11d	19,042.	0.510		015 105
	12	Total revenue. See instructions	624,554.	-8,549.	0.	217,427.

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	20.064	20.064		
	and domestic governments. See Part IV, line 21	32,864.	32,864.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 421	04 760	20 700	2 065
	trustees, and key employees	119,431.	94,768.	20,798.	3,865.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	211,882.	168,128.	26 000	6 056
7	Other salaries and wages	Z11,00Z•	100,140.	36,898.	6,856.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	31,072.	24,707.	5,457.	000
9	Other employee benefits	25,480.	20,198.	4,400.	908. 882.
10	Payroll taxes	25,400.	20,190.	4,400.	004.
11	Fees for services (nonemployees):				
a	Management				
b		25,358.	22,617.	1 600	1 042
	Accounting	43,330.	44,017.	1,699.	1,042.
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	,	06 276	77 026	E 700	2 551
	column (A) amount, list line 11g expenses on Sch 0.)	86,376.	77,036.	5,789.	3,551.
12	Advertising and promotion	7,514.	6,844.	576.	94.
13	Office expenses	5,703.	4,570.	1,017.	116.
14	Information technology	5,703.	4,570.	1,01/•	110.
15	Royalties	45,768.	34,784.	9,611.	1,373.
16	Occupancy	2,995.	2,985.	10.	1,3/3.
17	Travel	۵,993٠	2,903.	10.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7,063.	7,063.		
22	Depreciation, depletion, and amortization	8,321.	7,063.	360.	47.
23	Insurance	0,341.	1,314.	300.	4/•
24	Other expenses. Itemize expenses not covered 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 0.)	20.206	20 452	100	11 740
a	PRINTING MICCELLANEOUS	32,386.	20,453.	190. 5,331.	11,743.
b	MISCELLANEOUS	17,744. 16,325.	11,078.		1,335.
С.	POSTAGE		11,625.	418.	4,282.
d	OTHER PROTECTED PROPERT	13,798.	13,798.	1 4 4 7	C A A
е		9,248.	7,157.	1,447.	644.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	699,328.	568,589.	94,001.	36,738.
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)				000

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	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		166,829.	1	185,736.	
	2	Savings and temporary cash investments		2,996,412.	2	3,871,823.	
	3	Pledges and grants receivable, net		35,000.	3	0.	
	4	Accounts receivable, net			6,694.	4	1,637.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Duran did accompany and defended by the control			10,361.	9	14,065.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,478,756.			
	b	Less: accumulated depreciation	is. Complete Part VI of Schedule D 10a 1,478,756. s: accumulated depreciation 10b 44,110.				1,434,646.
	11	Investments - publicly traded securities		2,280,958. 2,191,357.	11	2,558,780.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	_		
	15	Other assets. See Part IV, line 11			93,178.	15	0.
	16	Total assets. Add lines 1 through 15 (must e			7,780,789.	16	8,066,687.
	17	Accounts payable and accrued expenses			26,375.	17	57,756.
	18	Grants payable			4-0	18	4 050
	19	Deferred revenue	450.	19	1,050.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u>ia</u>		controlled entity or family member of any of the	·=			22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			162,284.	05	131,284.
	06	of Schedule D			189,109.	25	190,090.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook boro	<b>▼</b>	100,100.	26	100,000
S		and complete lines 27, 28, 32, and 33.	HECK HELE				
Š	27	Net assets without donor restrictions			7,456,376.	27	7,801,597.
ala	28				135,304.	28	75,000.
Β	20	Organizations that do not follow FASB ASC		k here	133/3010	20	737000
Ē		and complete lines 29 through 33.	, 330, chec	, k liele			
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32			Other fullus	7,591,680.	32	7,876,597.
Z	33	Total liabilities and net assets/fund balances		7,780,789.	33	8,066,687.	
	_ 55	Total habilities and flot assets/fully balafices		······	.,,	55	Form <b>990</b> (2019)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>4,5</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3					
3	Revenue less expenses. Subtract line 2 from line 1	3		4,7					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	7,87	6,5	97.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
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 Scho	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?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** PARKS & TRAILS COUNCIL OF MINNESOTA 41-1450303 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 or 990-EZ).) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 n 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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	373,809.	509,481.	792,076.	493,753.	415,676.	2584795.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	373,809.	509,481.	792,076.	493,753.	415,676.	2584795.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						106,095.				
6	Public support. Subtract line 5 from line 4.						2478700.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total				
7	Amounts from line 4	373,809.	509,481.	792,076.	493,753.	415,676.	2584795.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	48,701.	60,504.	85,766.	111,215.	124,123.	430,309.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	55,104.	39,736.	28,072.	29,126.	33,132.	185,170.				
11	<b>Total support.</b> Add lines 7 through 10						3200274.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)					
	organization, check this box and stop	here					<b>&gt;</b>				
Sec	ction C. Computation of Publi	c Support Per	centage			г					
14	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	77.45 %				
15	Public support percentage from 2018					15	75.84 %				
16a	33 1/3% support test - 2019. If the c	-					, <del>(</del> ₹₹)				
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2018. If the c										
47-	and <b>stop here.</b> The organization quali		• • •								
17a	10% -facts-and-circumstances test	-									
	and if the organization meets the "fact			=		_					
L	meets the "facts-and-circumstances" :	-	•	*	-	7a, and line 15 is 1					
O	10% -facts-and-circumstances test	_									
	more, and if the organization meets the organization meets the "facts-and-circ		•		•		<b>.</b> .				
10	•			•							
<u>18</u>	Private foundation. If the organizatio	n did not check a	oux on line 13, 16a	a, 100, 17a, 01 17b	, check this box at	iu see instructions	<b>P</b>				

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Γ	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				<b>P</b>
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
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Pai	TIV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and 2. Type i capperang organizations		Yes	No
_	Did the directors to retern an accordance in at one or many supported according to the record to		162	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , <b>y y</b>		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	•		
2				
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	За		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

Tax) (see separate in	structions), then				
<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizat	ions: Complete Part III.			
Name of organization				Empl	oyer identification number
		TRAILS COUNCIL (			41-1450303
Part I-A Comp	olete if the org	anization is exempt und	er section 501(c) o	or is a section 527 or	ganization.
2 Political campaig	n activity expendit	ation's direct and indirect politic ures gn activities		<b></b> ▶\$	
Part I-B Comp	olete if the org	anization is exempt unde	er section 501(c)(	3).	
1 Enter the amount	of any excise tax	incurred by the organization und	er section 4955	▶\$	
		incurred by organization manage			
3 If the organization	n incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction	made?				Yes No
<b>b</b> If "Yes," describe	in Part IV.				
Part I-C Comp	olete if the org	anization is exempt und	er section 501(c),	except section 501(c	)(3).
<ul> <li>exempt function</li> <li>3 Total exempt fun line 17b</li> <li>4 Did the filing orga</li> <li>5 Enter the names, made payments. contributions rec</li> </ul>	activities ction expenditures anization file Form addresses and en For each organiza eived that were pro	ization's funds contributed to other.  Add lines 1 and 2. Enter here a  1120-POL for this year?  Inployer identification number (Ellition listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	nd on Form 1120-POL,  N) of all section 527 pol  I from the filing organiz a separate political orga	itical organizations to which ation's funds. Also enter the anization, such as a separate	Yes No the filing organization a amount of political
<b>(a)</b> Nai	· , ,	(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
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount	110,297.	116,921.	102,868.	129,899.	459,985.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					689,978.
<b>c</b> Total lobbying expenditures	46,723.	46,646.	48,944.	48,065.	190,378.
d Grassroots nontaxable amount	27,574.	29,230.	25,717.	32,475.	114,996.
e Grassroots ceiling amount (150% of line 2d, column (e))					172,494.

10,483.

11,467.

11,009.

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2019 PARKS & TRAILS COUNCIL OF MINNESOTA 41-14503 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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(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:				
а	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 lobbying purposes?				
g	D:				
_	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	. or sec	tion	
	501(c)(6).	( )( )			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."			, 	
1	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2		Jai			
_	expenses for which the section 527(f) tax was paid).		00		
	Current year				
	Carryover from last year				
_	Total		۔ ا		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
_	expenditure next year?		•		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
ınstrı	uctions); 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 Open to Public Inspection

Name of the organization

PARKS & TRAILS COUNCIL OF MINNESOTA

**Employer identification number** 41-1450303

Pai	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Fu	nds or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	e 6.		
		<u> </u>	(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
1	Tota	number at end of year			
2	Aggr	egate value of contributions to (during year)			
3	Aggr	egate value of grants from (during year)			
4	Aggr	egate value at end of year			
5	Did t	he organization inform all donors and donor advisors in w	riting that the assets held in donor a	advised fund	ds
	are t	he organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did t	he organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds ca	n be used or	nly
	for c	haritable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferri	
D					
Pai		Conservation Easements. Complete if the organization		90, Part IV,	line 7.
1		ose(s) of conservation easements held by the organization	`		
	X	Preservation of land for public use (for example, recreating	· —		orically important land area
		Protection of natural habitat	Preservation	on of a certif	fied historic structure
		Preservation of open space			
2		plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the f	orm of a cor	
	-	of the tax year.			Held at the End of the Tax Year
-		number of conservation easements			2a
b					2b
C		ber of conservation easements on a certified historic structure of conservation easements on a certified historic structure.			2c
d		ber of conservation easements included in (c) acquired af			
_		d in the National Register			2d
3		ber of conservation easements modified, transferred, rele	ased, extinguished, or terminated by	y the organiz	zation during the tax
4	year	ber of states where property subject to conservation ease	amont is located		
5		s the organization have a written policy regarding the perio		n of	
J		tions, and enforcement of the conservation easements it l			Yes X No
6		and volunteer hours devoted to monitoring, inspecting, h			
Ū		and voluntees means develor to meaning, inepecting, in	ianamig of violations, and officioning		n caccinicing dailing the year
7	Amo	 unt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing cons	ervation eas	sements during the year
-	▶\$	3,			
8	Does	s each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(	(i)
9	In Pa	art XIII, describe how the organization reports conservation			
	balaı	nce sheet, and include, if applicable, the text of the footnot	ote to the organization's financial sta	tements tha	at describes the
	orga	nization's accounting for conservation easements.			
Pai	t III	Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Si	imilar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958	s, not to report in its revenue stateme	ent and bala	ance sheet works
	of ar	t, historical treasures, or other similar assets held for publ	ic exhibition, education, or research	in furtheran	nce of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	items.	
b	If the	e organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement a	and balance	sheet works of
	art, h	nistorical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e of public service,
	•	de the following amounts relating to these items:			
	(i) F	Revenue included on Form 990, Part VIII, line 1			
2		e organization received or held works of art, historical trea		ıncial gain, p	provide
		ollowing amounts required to be reported under FASB AS			
a		enue included on Form 990, Part VIII, line 1			_
		ts included in Form 990, Part X			
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2019

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Sche <b>Pa</b> r		TRAILS COU						50303		ge <b>2</b>
								• (continu	ied)	
3	Using the organization's acquisition, accessing	on, and other records	, check any of the	following that	make sigi	nificant u	ise of its			
	collection items (check all that apply):		□.							
а	Public exhibition	d		change progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o		•	•				_		
	to be sold to raise funds rather than to be ma							Yes		No
Par			te if the organizatio	n answered '	"Yes" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	•								
1a	Is the organization an agent, trustee, custodi							_	_	
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	orm 990, Part	IV, line 10	).				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d	<b>d)</b> Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	2,191,357.	2,433,007.	2,12	5,805.	2,0	57,359.	2,1	72,1	42.
	Contributions									
	Net investment earnings, gains, and losses	248,447.	-131,770.	30'	7,202.		68,446.	-1	14,7	83.
	Grants or scholarships	,	•				· ·			
	Other expenditures for facilities									
_	and programs	118,976.	109,880.							
f	Administrative expenses	,	,							
	End of year balance	2,558,780.	2,191,357.	2 43	3,007.	2 1	25,805.	2 (	57,3	59.
2	Provide the estimated percentage of the curr	· · · · · ·		•	, -			,		
a	Board designated or quasi-endowment	crit year end balance	%	jj ricia as.						
	Permanent endowment									
	· · · · · · · · · · · · · · · · · · ·									
·	The percentages on lines 2a, 2b, and 2c sho	* -								
32	Are there endowment funds not in the posse	•	ion that are held ar	nd administa	ed for the	organiza	ation			
ou	by:	331011 01 the organizat	ion that are note at	ia administri	ca for the	organiza	2011	Γ,	/es	No
								3a(i)	163	X
								3a(ii)	-	X
h	(ii) Related organizations	tions listed as require	d on Cohodulo D2					3b	-	
ر ا								Sb		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment iunas.							
· ui			Dort IV line 11e C	`aa Farm 000	Dort V III	aa 10				
	Complete if the organization answere							(4) D '	= 1: - :	
	Description of property	(a) Cost or ot	` '	t or other		cumulate	ea	(d) Book	value	
		basis (investm	,	(other)	uepr	reciation		1 /25	2.0	<u> </u>
	Land		1,42	5,363.				1,425	, 30	<u> </u>
	Buildings		1	7 100		17 14	<del>   .</del>			
	Leasehold improvements			7,100.		$\frac{17,10}{27,00}$				0.
d	Equipment		3	6,293.		27,0	10.	9	, 28	<u> </u>

Schedule D (Form 990) 2019

1,434,646.

e Other

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

	LS COUNCIL O	F MINNESOTA 42	1-1450303 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	on Form 000 Dort IV line	11h Coo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(2) = 22 12	(0,000000000000000000000000000000000000	,
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 000 Part IV line	a 11d Soo Form 900 Bart V line 15	
	Description	FITO. See FOITH 990, Part A, line 15.	(b) Book value
(1)			(5) 25511 14145
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		•
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS			131,284
(3)			
(4)			
(5)			1

131,284. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6) (7) (8)

		Folli 990) 2019 TIMER & TIMER & CONCIL OF M	T1111D	0 1 1 1	<u> </u>	- <del>1</del> 3 0 3 0 3 Fage
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	984,245.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	359,691.		
		ed services and use of facilities	2b			
С		eries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	359,691.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	624,554.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	(Describe in Part XIII.)	4b			
		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total re	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	624,554.
Pa	rt XII	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per F	Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	699,328.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (	(Describe in Part XIII.)	2d			
е	Add lin	nes 2a through 2d			2e	0.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	699,328.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	(Describe in Part XIII.)	4b			
_	Add lin	one 4a and 4b			40	0 -

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE REUEL HARMON ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE FINANCIAL STABILITY IN PERPETUITY FOR THE OPERATION OF THE PARKS & TRAILS COUNCIL THROUGH ANNUAL DISTRIBUTIONS OF A PORTION OF THE MARKET VALUE OF THE FUND THAT WAS CREATED WITH A DONATION MADE BY THE FUND'S NAMESAKE. THE SAMUEL H. MORGAN LAND ACQUISITION FUND WAS CREATED TO COVER THE COSTS OF ALL LAND ACQUISITION ACTIVITIES. FUNDS THAT ARE RECEIVED FOR THE EXPRESS PURPOSE OF LAND ACQUISITION, AS INDICATED BY THE DONOR OR THE BOARD, ARE DEPOSITED INTO THIS FUND, WHICH IS NAMED AFTER ONE OF THE COUNCILS FOUNDERS AND BENEFACTORS. PROCEEDS FROM ANY SALE OF PROPERTY ASSETS ARE DEPOSITED IN THE ACCOUNT.

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)
Supplemental information (continued)
PART X, LINE 2:
THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX
EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
BECAUSE THE ORGANIZATION IS DESCRIBED IN SECTION 509(A)(1) AND SECTION 170
(B)(1)(A)(VI) AND CORRESPONDING PROVISION OF STATE LAW AND, ACCORDINGLY,
IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. THE ORGANIZATION HAS
ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE
ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST
ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED
BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION
CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION
AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS.
IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION
UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE
TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT STATUS, THE ORGANIZATION
ANNUALLY FILES A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990).

#### SCHEDULE I (Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2019 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

PARKS & TRAILS COUNCIL OF MINNESOTA

Employer identification number
41-1450303

Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?				-		Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can I	oe duplicated if additi	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRIENDS OF MAPLEWOOD STATE PARK							
275 EAST 4TH STREET, STE 250							
ST. PAUL, MN 55101	41-1450303	3	0.	0.			SUPPORT STATE PARKS
FRIENDS OF ITASCA STATE PARK 36750 MAIN PARK DRIVE PARK RAPIDS, MN 56470	41-1779533	3	0.	0.			SUPPORT STATE PARKS
FRIENDS OF WILD RIVER STATE PARK 17190 410TH ST NORTH BRANCH, MN 55056	41-1734597	3	0.	0.			SUPPORT STATE PARKS
FRIENDS OF NERSTRAND STATE PARK 275 EAST 4TH STREET, STE 250 ST. PAUL, MN 55101	41-1450303	3	0.	0.			SUPPORT STATE PARKS
FRONTENAC STATE PARK ASSOCIATION 275 EAST 4TH STREET, STE 250 ST. PAUL, MN 55101	41-1450303	3	0.	0.			SUPPORT STATE PARKS
GATEWAY BROWNS' CREEK TRAIL ASSOCIATION - PO BOX 9295 - ST. PAUL, MN 55109	41-1450303	3	5,514.	0.			SUPPORT STATE PARKS
<ul> <li>Enter total number of section 501(c)(3) ar</li> <li>Enter total number of other organizations</li> </ul>			e line 1 table				

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other	Assistance to Gove	ernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF WHITEWATER STATE PARK							
19041 HIGHWAY 74							
ALTURA, MN 55910	41-1450303 3		36,121.	0.			SUPPORT STATE PARKS
,			, -				
FRIENDS OF JACKSON COUNTY TRAILS							
211 DEWEY STREET							
JACKSON, MN 56143	84-3683627 3		26,797.	0.			SUPPORT STATE PARKS
CENTRAL LAKES TRAIL ASSOCIATION							
206 NORTH BROADWAY							
ALEXANDRIA, MN 56308	41-1450303 3		12,135.	0.			SUPPORT STATE PARKS
							SUPPORT YOUTH ENGAGEMENT
FRIENDS OF LAKE BEMIDJI STATE PARK							AND HABITAT RESTORATION
PO BOX 67	61 1504601		5 416				AT LAKE BEMIDJI STATE
BEMIDJI, MN 56619	61-1524681 3		5,416.	0.			PARK
							1

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information.	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ac	Iditional information.	

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

PARKS & TRAILS COUNCIL OF MINNESOTA

**Employer identification number** 41-1450303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PUBLIC'S USE AND BENEFIT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN ADDITION, THE PARKS & TRAIL COUNCIL HAS MORE THAN 50 VOLUNTEER
"FRIENDS" GROUP PARTNERS THAT WE SUPPORT IN A VARIETY OF WAYS,
INCLUDING FISCAL SPONSORSHIP SERVICES, AN EVER-EXPANDING RESOURCE
LIBRARY, LIABILITY INSURANCE, NETWORKING OPPORTUNITIES, EXPANDED
PUBLICITY THROUGH OUR WEB AND PRINT COMMUNICATIONS, AND WORKSHOPS THAT
HELP BUILD SKILLS.
IN 2019, PARKS &TRAILS COUNCIL OF MINNESOTA ADMINISTERED TWO GRANT
PROGRAMS.
WE AWARDED \$25,000 IN GRANTS TO FRIENDS GROUP PARTNERS WORKING ON
HABITAT RESTORATION PROJECTS AT BLUE MOUNDS, LAKE BEMIDJI, MINNEOPA,
SIBLEY, TETTEGOUCHE, WHITEWATER AND ZIPPEL BAY STATE PARKS. THE
RESTORATION PROJECTS INVOLVED NEARLY 500 VOLUNTEER HOURS, RESULTED IN
237 TREES AND SHRUBS PLANTED AND PROTECTED 11 FOREST ACRES FROM
OVERGRAZING.
WE ALSO AWARDED \$2,500 IN GRANTS TO FRIENDS GROUP PARTNERS WHO
COORDINATED FIELD TRIPS THAT BROUGHT YOUTH TO EXPERIENCE THE
GITCHI-GAMI STATE TRAIL, LAKE MARIA STATE PARK AND WILD RIVER STATE
PARKMANY FOR THE VERY FIRST TIME. THE YOUTH ENGAGEMENT AND OUTDOOR
EDUCATION GRANTS RESULTED IN FOUR FIELD TRIPS, 222 YOUTH ENGAGED IN
OUTDOOR EDUCATION AND 73 INDIVIDUALS VOLUNTEERING THEIR TIME AND SKILLS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 41-1450303 PARKS & TRAILS COUNCIL OF MINNESOTA TO SUPPORT THESE EFFORTS. YOU CAN FIND MORE INFORMATION ON THE WORK WE DO WITH FRIENDS GROUPS BY VISITING THE "FRIENDS GROUPS" SECTION OF OUR WEBSITE AT WWW.PARKSANDTRAILS.ORG. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN MINNESOTA TO ASSESS THE CONDITION OF THE PAVEMENT AND PROVIDES RECOMMENDATIONS FOR KEEPING MINNESOTA STATE TRAILS IN GOOD CONDITION GOING FORWARD. THE REPORT RECOMMENDATIONS WILL BE THE IMPETUS FOR A STATE TRAIL REHABILITATION BILL THAT WILL BE BROUGHT BEFORE THE 2020 LEGISLATURE. FINALLY, AS THE GO TO SOURCE OF INFORMATION ON ALL THINGS PARKS AND TRAILS, WE DEVELOP, MAINTAIN AND UPDATE SEVERAL FACT SHEETS THAT ARE USED BY DECISION MAKERS AND ARE ACCESSIBLE IN THE "RESEARCH AND REPORTS" SECTION OF OUR WEBSITE AT WWW.PARKSANDTRAILS.ORG. A SUMMARY OF OUR LEGISLATIVE ACCOMPLISHMENTS CAN ALSO BE FOUND IN THE ADVOCACY SECTION OF OUR WEBSITE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: BOULDERS AND LINED WITH TALL CONIFERS ALONG THE NORTHEASTERN BORDER OF TETTEGOUCHE STATE PARK. IN ADDITION, WE CLOSED OUT 2019 HOLDING 283 ACRES IN TRUST FOR PUBLIC PARKS AND TRAILS, INCLUDING: 18 ACRES THAT WILL EXTEND THE SOUTHERN TERMINUS OF THE GREAT RIVER RIDGE STATE TRAIL 1.5 MILES TO HIGHWAY 14 NEAR EYOTA, MN; 20 ACRES REPRESENTING THE FINAL PRIVATE LAND WITHIN THE STATUTORY BOUNDARIES OF TEMPERANCE RIVER STATE PARK; 16 ACRES ALONG THE NORTHERN BORDER OF SIBLEY STATE PARK THAT WILL ENSURE THE ENTIRETY OF LAKE 21 WILL BE PUBLICLY OWNED AND FREE OF

DEVELOPMENT; AND 159 ACRES OF SPECTACULAR PRAIRIE AND BLUFFLAND VIEWS

**Employer identification number** Name of the organization PARKS & TRAILS COUNCIL OF MINNESOTA 41-1450303 EXTENDING FRONTENAC STATE PARK SOUTHWEST TO PLEASANT VALLEY CREEK. YOU CAN TOUR SOME OF PARKS & TRAILS COUNCIL OF MINNESOTA'S ACCOMPLISHMENTS IN THE "LAND PROTECTION" SECTION OF OUR WEBSITE AT WWW.PARKSANDTRAILS.ORG AND IN THE 2019 ANNUAL REPORT. FORM 990, PART VI, SECTION A, LINE 4: BYLAWS WERE AMENDED ON 11/19/19 FORM 990, PART VI, SECTION A, LINE 6: LINE 6 EXPLANATION - THE ORGANIZATION HAS ONE CLASS OF VOTING MEMBERS PURSUANT TO ORGANIZATION'S ARTICLES OF INCORPORATION. FORM 990, PART VI, SECTION A, LINE 7A: LINE 7A EXPLANATION - THE MEMBERS OF THE ORGANIZATION ELECT A BOARD OF DIRECTORS, THE ORGANIZATION'S GOVERNING BODY; SUBJECT TO THE RIGHT OF THE BOARD OF DIRECTORS TO TEMPORARILY FILL VACANCIES OCCURRING FROM CIRCUMSTANCES SUCH AS DEATH OR RESIGNATION. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - REVIEWED BY FINANCE COMMITTEE AND APPROVED BY FINANCE COMMITTEE AND BOARD. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO FILL OUT NEW CONFLICT OF INTEREST FORMS AT THE MAY BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15:

HR COMMITTEE REVIEWS COMPARABLE NON-PROFIT COMPENSATION DATA AND ALIGNED Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization PARKS & TRAILS COUNCIL OF MINNESOTA	Employer identification number 41-1450303
PTCM COMPENSATION. INFO IS SHARED AND DELIBERATED AT DECEM	BER EXECUTIVE
COMMITTEE MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST AND THEY ARE AVAILABLE THROUGH OUR GIVEMN.ORG	/GUIDESTAR
ACCOUNT.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	5,789.
FUNDRAISING EXPENSES	3,551.
TOTAL EXPENSES	86,376.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	86,376.
FORM 990, LINE 4 EXPLANATION	
BYLAWS WERE AMENDED ON 11/19/19	