990

# **Return of Organization Exempt From Income Tax**

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

2017

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No 1545-0047

<u>W, c</u>	For/the	2017 calendar year, or tax year beginning	, and end	ling			
B_G	heck if appl	icable C Name of organization			ŀ	D Employe	r identification number
$\square$	Address cha	noe MINNESOTA	CONSERVATIVE E	NERGY FORUM			
$\equiv$		Doing husiness as				81-3	811937
	Name chang	Number and street (or P O box if mail is not delivered			Room/suite	E Telephon	e number
_	Initial return	235 E. 6TH ST. STE 500  City or town, state or province, country, and ZIP or fo				<u> 02T-</u>	202-2102
	Final return/ terminated				i	_	175 100
$\square$	Amended re		MN 55101		<del></del>	G Gross rec	eipts \$ 175,180
Ē.	Application p				H(a) is this a grou	up return for s	ubordinates? Yes X No
. لـــا	, ippiioodon p		ጥሮ ደለለ		H(b) Are all subo	ordinates incl	uded? Yes No
		235 E. 6TH ST., SUI		2	1 ' '		(see instructions)
		ST. PAUL	<u>MN 55101</u>	<del></del>		attaci i a list	(See Instructions)
	Tax-exemp		insert no ) 4947(a)(1)	or 527			
	Website			<del></del>	H(c) Group exer		
	Form of org		Other >	// L	Year of formation 2	01/	M State of legal domicile MN
<u>_P</u>	art I	Summary		<u> </u>			
	1 Br	nefly describe the organization's mission or most s	significant activities				
93	ŀ	SEE SCHEDULE O					
an	1						
Governance	1						
ò	2 CI	heck this box ▶ 📗 if the organization discontinue	ed its operations or dispo	sed of more than 2	5% of its net ass	ets	
<u>ئ</u>	3 N	umber of voting members of the governing body (f	Part VI, line 1a)			_ 3	5
98	4 N	umber of independent voting members of the gove	erning body (Part VI, line	1b)		4	5
Ę		otal number of individuals employed in calendar ye	_			5	3
Activities	J	otal number of volunteers (estimate if necessary)	, , , , , , , , , , , , , , , , , , , ,			6	0
⋖	1	otal unrelated business revenue from Part VIII, col	lumn (C), line 12			7a	0
		et unrelated business taxable income from Form 9	• •			7b	0
	- DIN	et unrelated business taxable income from Form's	190-1, lille 34		Prior Yea		Current Year
	8.0	ontributions and grants (Part VIII, line 1h)			111111111111111111111111111111111111111		175,000
Revenue		rogram service revenue (Part VIII, line 2g)					2,3,330
le/			7-1\				0
è	t	evestment income (Part VIII, column (A), lines 3, 4	•				
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c					180
_		otal revenue - add lines 8 through 11 (must equal		e 12)			175,180
	13 G	irants and similar amounts paid (Part IX, column (	4), lines 1–3)				0
	14 B	enefits paid to or for members (Part IX, column (A		0			
S	15 S	alaries, other compensation, employee benefits (F	Part IX, column (A), lines	510)			141,000
Expenses	16aP	rofessional fundraising fees (Part IX, column (A), I	ine 11e)				0
be	ьт	otal fundraising expenses (Part IX, column (D), lin	e 25) ▶	3,000		· · · · · · · · · · · · · · · · · · ·	
ũ	17 C	Other expenses (Part IX, column (A), lines 11a–11d	i, 11f-24e)				21,843
		otal expenses Add lines 13-17 (must equal Part I					162,843
		Revenue less expenses Subtract line 18 from line					12,337
ъ.	Se		· · · · · · · · · · · · · · · · · · ·		Beginning of Cur	rent Year	End of Year
t Assets or	≣ 20 T	otal assets (Part X, line 16)				0	12,337
Ass	Ë 21 T	otal liabilities (Part X, line 26)				0	0
ž,		let assets or fund balances Subtract line 21 from	line 20			0	12,337
	Part II	Signature Block					
		alties of peruny I declare that I have examined this retui	ra including accompanying	schedules and statem	ents and to the he	et of my kr	nowledge and belief it is
20tg	rue, corre	ct, and complete Declaration of preparer (other than offi	cer) is based on all informa-	tion of which preparer	has any knowledg	e	lowledge and belief, it is
2		1 ( that at late		<del></del>		12	1111
ക്ടു.		Signature of officer				X. <b></b>	14/10
_SI	gn			5556		Delle	•
AUG_IS3	ere	MIKE FRANKLIN		PRESI	DENT		
2		Type or print name and title			<del></del> .		
		Print/Type preparer's name	Preparer's signature		Date	Check	f PTIN
(Pa	id	GERALD M. FALETTI, CPA	GERALD M. FALETTI	CPA	05/16	/18 self-er	mployed P00163025
對	ерагег	Firm's name LETHERT, SKWIR	A, SCHULTZ &	CO. LLP	F	ırm's EIN	41-0738189
75	se Only	170 7TH PL E S					<del></del>
8	, !	Firm's address SAINT PAUL, MN			P	hone no	651-224-5721
		S discuss this return with the preparer shown above				<u></u>	X Yes No
_		rork Reduction Act Notice, see the separate instruction					Form 990 (2017)
D^	Λ						4 4

		ATIVE ENERGY FORUM 81-	3811937	Page 2
	atement of Program Servi	ce Accomplishments a response or note to any line in this	Part III	X
	be the organization's mission	a response or note to any line in triis	rait iii	
SEE SCHE	EDULE O			
	<u> </u>		<u> </u>	
_		orogram services during the year which were n	ot listed on the	Yes X No
•	90 or 990-EZ? cribe these new services on Sched	ule O		Yes X No
		e significant changes in how it conducts, any p	rogram	
services?	owho these shares on Cahadula (			Yes X No
	cribe these changes on Schedule ( organization's program service ac	complishments for each of its three largest pro	gram services, as measured by	
expenses Se	ection 501(c)(3) and 501(c)(4) orga	inizations are required to report the amount of		
the total expe	enses, and revenue, if any, for eac	h program service reported		
fa (Code	) (Expenses \$ 14	18,843 including grants of \$	) (Revenue \$	-
WILL THE FOR CLEA POLITICA	EN HAVE CREATED T AN ENERGY POLICY	RS AND ACTIVISTS. BY DE HE CAPACITY AND CREDIB AMONG CONSERVATIVES ANI WHICH TO PURSUE BOTH S	LLITY TO EDUCATE AND LEAD TO A MORE COP	ADVOCATI
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4d Other progra	am services (Describe in Schedule		(Revenue \$	
	sm service expenses ►	148,843	liveacing &	
AA	· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (201

## Form 990 (2017) MINNESOTA CONSERVATIVE ENERGY FORUM 81-3811937

R (Page 3

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)	-3-		
4	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,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		,	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· · · · ·		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	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	l		
	Schedule D, Parts XI and XII	12a		_ X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	Ì		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	۱		- 37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	$\vdash$	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	$\vdash$	_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	18	-	
13	If "Yes," complete Schedule G, Part III	19		X
	n roo, complete conduito O, r archi	<u></u>		

# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to-line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			٠,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b> </b>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			- T
_	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del> </del>	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		-
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30_		_
٠,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
-	complete Schedule N, Part II	32		·x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<del></del> -
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

	990 (2017) MINNESOTA CONSERVATIVE ENERGY FORUM 81-381.  rt V Statements Regarding Other IRS Filings and Tax Compliance			· ·	age 5
	Check if Schedule O contains a response or note to any line in this Part \	<u>/</u>			
	·	1 1 .		Yes	No
1a	Enter the humber reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		X
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts			
	(FBAR)			-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<b>└</b> ─
6a		the			ĺ
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or			1
	gifts were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas			
	required to file Form 8282?	1 1	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confidence of the organization of the property of the organization of the property of the organization.		7f	ļ	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		<b>↓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a_		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		┼
10	Section 501(c)(7) organizations. Enter	1 1			
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			
11	Section 501(c)(12) organizations. Enter	1 1			
а	Gross income from members or shareholders	11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )	11b			
12a	****	I I	12a	ļ	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•		L	ļ
а	is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O			1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1		ļ.	
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c		l	1

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2017) MINNESOTA CONSERVATIVE ENERGY FORUM 81-3811937 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 5 Enter the number of voting members included in line 1a, above, who are independent 1ь 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure MN List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)

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

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

MIKE FRANKLIN

ST. PAUL

235 E. 6TH ST., SUITE 500

MN 55101

651-202-2102

Form 990 (2017)

orm 990 (2017	17) MINNESOTA CONSERVATIVE ENERGY FORUM 81-3811	937 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VI	1
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"

DAA

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) (C)  Average Position (do not check more than one box, unless person is both an officer and a director/trustee) hours for						an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) MIKE FRANKLIN												
	30.00											
PRESIDENT	0.00	X		X	ļ	<u> </u>	_	78,000	0			
(2) DAVID STROM					1							
	20.00		İ		ł					_		
DIRECTOR	0.00	X				-	-	36,000	0	(		
(3) JOE WEBER	20.00		ļ									
	20.00	3,5	ĺ					27 000		,		
SENIOR CONSULTANT	0.00	X	-	<b> -</b> -	├	<del>  -</del> -		27,000	0			
(4) AMY KOCH	0.00	1					. '		İ			
CHAIR AND DIRECTOR	0.00	x	İ	x	1	1		o	o	(		
(5) GREG JOHNSON	0.00	+^		^	<del> </del> -	╁		<del> </del>	<del></del>			
(a) GREEG COMMOON	0.00											
TREASURER, SECRETARY	0.00	x		x	1	1		o	0	(		
(6) MATTHEW PAGANO	0.00	† <del></del>	_	<u> </u>	$\vdash$	†	<del>                                     </del>		<u>-</u>			
(0,1====================================	0.00											
DIRECTOR	0.00	X				1		o	o	C		
(7)												
(8)				-	-	<del> </del> -	_					
(9)				-	<u> </u>							
(10)		-		_								
11)		-	-		-	-	-			<del></del>		

Part VII Section A.	Officers, Directors, Tru	ustees	s, Ke	y E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	box	, unle	ss pe	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo o comp	(F) Estimated amount of other compensation from the		
•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgai and	m the nization related nizations		
										<del></del>			
												· · · · · · · · · · · · · · · · · · ·	
								141,000					
d Total (add lines 1b					se lis	sted :	abo	141,000					
reportable compens	ation from the organization	on ►	0					vo) who received there that			Yes	s No	
employee on line 1a 4 For any individual lis	? If "Yes," complete Sch sted on line 1a, is the sur	<i>edule</i> n of re	<i>J fo.</i>	r <i>suc</i> table	ch in con	<i>dıvıdı</i> npen	<i>ual</i> satı	oloyee, or highest compension and other compensation	from the	3		х	
individual 5 Did any person lister		ccrue	com	pens	satio	n fro	m a	complete Schedule J for sunny unrelated organization of J for such person		5		x	
Section B. Independent	Contractors							tractors that received more	than \$100,000 of				
1 Complete this table compensation from	the organization Report  (A)  Name and business address	comp	ensa	ation	for	the c	aler	ndar year ending with or wit	hin the organization's tax ye  (B)  ption of services	ear	(C) Compen	sation	
	Trans and beamed days es												
							+				<del></del>		
							+						
2 Total number of inde	ependent contractors (in	cludin	g bu	t not	lımı	ted to	o th	ose listed above) who				<u>-</u>	
received more than	\$100,000 of compensati	on fro	m th	e or	ganı	zatio	<u>n</u> ▶		0		Form, <b>9</b> !	90 (2017)	

	rt VI						Page S
		Check if Schedule O contains	a response o	<del></del>	ın this Part VIII		
		*		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns 1a				***************************************	
S'a	b	Membership dues 1b					
Arr Arr	С	Fundraising events 1c					
اقاق	d	Related organizations 1d					
Si E	е	Government grants (contributions) 1e			-		
흥합	f	All other contributions, gifts, grants,	J		,		
渡		and similar amounts not included above 1f	175,000				
<u>20</u>	-	Noncash contributions included in lines 1a-1f \$		175,000			
9 O	n	Total. Add lines 1a-1f	Buen Code	175,000			
enn	2a		Busn Code				}
Program Service Revenue	b				<del> </del>		<del> </del>
	c			<del></del>			<del> </del>
Ser	d						
am	е						
ъ	f	All other program service revenue					
<u>-</u>							
	3	Investment income (including dividends, in	terest				
		and other similar amounts)	<b>&gt;</b>				<u> </u>
ļ	4	Income from investment of tax-exempt bor	id proceeds		·		<del> </del>
	5	Royalties (i) Real	(II) Personal				
	6a	Gross rents	(II) I CI SOIIAI				
	b	Less rental exps					
	С	Rental inc or (loss)			,		
	d	Net rental income or (loss)	<b></b>				
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
	}	other than inventory			-		
	ь	Less cost or other					
	}	basis & sales exps					
		Gain or (loss)					
	,	Net gain or (loss)	<u></u>				
ne	oa	Gross income from fundraising events (not including \$					
Ver	ŀ	of contributions reported on line 1c)					į
8	ļ	See Part IV, line 18					
Other Revenue	ь	Less direct expenses b					
0	1	Net income or (loss) from fundraising even	ts 🕨				
	9a	Gross income from gaming activities					
		See Part IV, line 19 a					
	1	Less direct expenses b					
		Net income or (loss) from gaming activities	<b>.</b>				
	10a	Gross sales of inventory, less					
	١.	returns and allowances a					
	(	Less cost of goods sold b					
		Net income or (loss) from sales of inventor  Miscellaneous Revenue	Busn Code	,			
	11a	<del></del>	Dusii Code	180	180		
	b	Class Inoun					<u> </u>
	C						
	d	All other revenue					

180

180

175,180

0

0

e Total. Add lines 11a-11d

Total revenue. See instructions

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 141,000 127,000 11,000 3,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) a Management 1,000 1,000 b Legal 730 730 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 Office expenses 13 Information technology 15 Royalties Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 9,000 9,000 RENT, PARKING, UTILITIES 5,839 5,839 PAYROLL b 2,769 FEDERAL WITHHOLDING 2,769 C OTHER COSTS 1,000 1,000 d 1,505 1,505 e All other expenses 11,000 162,843 148,843 3,000 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2017) MINNESOTA CONSERVATIVE ENERGY FORUM 81-3811937
Part X Balance Sheet Page **11** 

P	art X	Balance Sheet				
		Check if Schedule O contains a response or note t	o any line in this Part X		1 1	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments			2	12,337
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensated emp	loyees			
	İ	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	· · ·			
e)ts		organizations (see instructions) Complete Part II of Sche	edule L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	, ,	·	9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		<del></del> -	11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	. <u>-</u>
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34	0	16	12,337	
	17	Accounts payable and accrued expenses		17	<u></u> .	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	t t		21	
es	22	Loans and other payables to current and former officers,	` <b>;</b>			
Liabilıties		trustees, key employees, highest compensated employe	es, and			
iat	İ	disqualified persons Complete Part II of Schedule L			22	
_	1	Secured mortgages and notes payable to unrelated third	·		23	<del> </del>
	1	Unsecured notes and loans payable to unrelated third pa	F	<del> </del>	24	<del></del>
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D	-		25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25		0	26	0
s	ŀ	Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
Ce		complete lines 27 through 29, and lines 33 and 34.				
alar	27	Unrestricted net assets	-		27	12,337
<b>Fund Balances</b>	28	Temporarily restricted net assets	}		28	
Ĕ	29	Permanently restricted net assets		<del></del>	29	
F F		Organizations that do not follow SFAS 117 (ASC 958)	, check here ►		/	
Net Assets or		complete lines 30 through 34.				
Se	30	Capital stock or trust principal, or current funds	<u>,</u> .		30	<del></del>
t As	31	Paid-in or capital surplus, or land, building, or equipment	<u> </u>		31	<del></del>
Š	32	Retained earnings, endowment, accumulated income, or	other funds		32	
	33	Total net assets or fund balances	ļ <u>-</u>	0	33	12,337
	34	Total liabilities and net assets/fund balances		0	34	12,337

Form **990** (2017)

orm	990 (2017) MINNESOTA CONSERVATIVE ENERGY FORUM 81-3811937				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1				180
2	Total expenses (must equal Part IX, column (A), line 25)	2				843
3	Revenue less expenses Subtract line 2 from line 1	3		1	2,	337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7	<del> </del>			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1				
	33, column (B))	10		1	2,	<u>337</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1		
	Schedule O			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		L	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			- 1		
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		L	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	0 (2017)

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 **2017** 

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number Name of the organization MINNESOTA CONSERVATIVE ENERGY FORUM 81~3811937 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions 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) 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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) 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 university 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 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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 (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see organization document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Page 2

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

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

Cast	Fait III II the organization	lans to quanty	under the test	o noted bolow,	piodos compisi	<u> </u>	
	ion A. Public Support lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Caleill	all year (or inscal year beginning in)	(a) 2013	(2) 2011	(5) 2515	(4,20.0	(3)	(7)
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					175,000	175,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					175,000	175,000
5	The portion of total contributions by				1		
	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)						
6	Public support. Subtract line 5 from line 4				-		175,000
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					175,000	175,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<del></del>
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			<u> </u>			175,000
12	Gross receipts from related activities, etc	(see instructions)	)			12	180
13	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax y	ear as a section 50	11(c)(3)	
	organization, check this box and stop her	re	<del></del> _	<u> </u>			<b></b>
Sec	tion C. Computation of Public S				-	<del></del>	
14	Public support percentage for 2017 (line 6			mn (f))		14	100.00%
15	Public support percentage from 2016 Sch	edule A, Part II, li	ne 14			15	%
16a	33 1/3% support test—2017. If the organ				33 1/3% or more,	cneck this	▶ 🔽
	box and stop here. The organization qua				45 . 00 4/00/		<b>▶</b>   <b>X</b>
b	33 1/3% support test—2016. If the organ				1 13 18 33 1/3% 01 1	nore, cneck	▶ □
	this box and stop here. The organization				16 16h and la	un 14 m	
17a	10%-facts-and-circumstances test—20	17. If the organiza	uon ala not cneck	a box on line 13,	roa, or rob, and ill	le 14 15	
	10% or more, and if the organization mee	ets the "facts-and-	circumstances tes	st, check this box a	and Stop Here. Exp	nani iii	
	Part VI how the organization meets the "f	acts-and-circums	ances test ine o	nganization qualifi	es as a publicly Su	pporteu	▶ □
	organization	4C 15 6b a a a a a a a a a	tion did not aboals	a hay an lina 13	160 16b or 170 o	nd line	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the macts-ar	iu-circumstances"	test the organiza	non quannes as a j	Jubilory	▶ □
40	supported organization  Private foundation. If the organization d	id not check a ba	on line 13 165 1	6h 17a or 17h o	heck this hov and	see	
18	instructions	iu not check a box	COLLINE 13, 10d, 1		SICOR TIIS DOX BIIG :		<b>&gt;</b> [

/	
Dage	
raye	1

Schedule A (Form 990 or 990-EZ) 2017
Part III Support Schedu 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 t	he tests listed l	pelow, please o	complete Part I	l )	
	tion A. Public Support			Y	<del></del>	/	
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership			1			
	fees received (Do not include any "unusual grants")					/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			/			
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from						
	line 6)		<u> </u>		<u> </u>		
	etion B. Total Support	( ) 0040	11.004	() 22/5		1	
	j (e j	(a) 2013	(b) 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
9	Amounts from line 6		<del>                                     </del>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1					• .
14	First five years. If the Form 990 is for the	organization's firs	st. second third for	urth, or fifth tax ve	ar as a section 50	1(c)(3)	<u> </u>
•	organization, check this box and stop her	_	, 5555ma, ama, 16	, or murtax ye	as a scotton so	. (3)(3)	▶ □
Sec	tion C. Computation of Public Si		tage		<del></del>		
15	Public support percentage for 2017 (line 8			n (f)		15	%
16	Public support percentage from 2016 Sch		-	(7)		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2017 (I			3. column (f))		17	%
18	Investment income percentage from 2016		· ·			18	%
19a				e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2016. If the orga						<b>F</b> (
-	line 18 is not more than 33 1/3%, check the					•	▶ 🗍
20	Private foundation. If the organization di						<b>▶</b> □

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#### 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	Section	A. All	Supporting	<b>Organizations</b>
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- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below
- 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
- 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
- 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
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign h 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
- 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
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 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.
- 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.
- 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.
- 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
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1_1_		
	2		
	3a		
	3b		
	3с		
	4a		
	70		
	4b		
	40		
	4c		
	5a		<del></del>
	5b		
	5c		
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			•
	9a		
	9b		
	9с		
	10a		
	10b		
(Fc	orm 99	0 or 990-l	EZ) 2017

Schedu	lle A (Form 990 or 990-EZ) 2017 MINNESOTA CONSERVATIVE ENERGY FORUM 81-381	<u> 1937                                     </u>		Page 5
Par	t IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		:	
	below, the governing body of a supported organization?	11a		
		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		<u> </u>
Secti	ion B. Type I Supporting Organizations			
		<b></b>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		:	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
Sect	ion 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	_	ļ
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	•	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	i	
Sect	ion 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 instruction)	ons)		
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 ins	tructions)		
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				
	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	2ь	·	
3	Parent of Supported Organizations Answer (a) and (b) below.		_	
а			-	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	j	
ь				
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	:	

Schedule A (Form 990 or 990-EZ) 2017

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	<b></b>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			<u></u>
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		
Section 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-functionally integr	rated Type III	supporting organization	(see
Instructions)			
		_ · · · · · ·	

Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)		
Section	ection D - Distributions				
1	Amounts paid to supported organizations to accomplish exempt purported				
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations	_		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions		<u>.</u>		
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organizations	ation is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
		(1)	(ii)	(iiı)	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable	
			Pre-2017	Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6		<u> </u>		
2	Underdistributions, if any, for years prior to 2017				
	(reasonable cause required-explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
С	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>			
4	Distributions for 2017 from				
	Section D, line 7 \$				
a	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
c	Remainder Subtract lines 4a and 4b from 4			<u> </u>	
5	Remaining underdistributions for years prior to 2017, if				
	any Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI See instructions				
6	Remaining underdistributions for 2017 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c			<b></b>	
8	Breakdown of line 7			ļ	
a	Excess from 2013				
t	Excess from 2014			<b></b>	
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
			Schedule	A (Form 990 or 990-EZ) 2017	

Schedule A (Form 990 or 990-EZ) 2017

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

**SCHEDULE O** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

MINNESOTA CONSERVATIVE ENERGY FORUM

81-3811937

FORM 990 - ORGANIZATION'S MISSION

CREATE AND SUSTAIN AN ORGANIZATION TO FACILITATE A CLEAN ENERGY DIALOGUE AMONG CENTER-RIGHT LEADERS AND ACTIVISTS. BY DEPOLITICIZING WE ENSURE WE WILL THEN HAVE CREATED THE CAPACITY AND CREDIBILITY TO EDUCATE AND ADVOCATE FOR CLEAN ENERGY AMONG CONSERVATIVES AND LEAD TO A MORE COHESIVE POLITICAL ENVIRONMENT IN WHICH TO PURSUE SUPPORT FOR CLEAN ENERGY IN MINNESOTA AND BEYOND.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD MEMBERS REVIEW A DRAFT COPY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.