EXTENDED TO NOVEMBER 15, 2018

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A 1	t Of th	e 2017 Calcitual year, or tax year beginning	criding								
В	Check if	C Name of organization		D Employer ident	ification number						
	Addre	BELWIN CONSERVANCY									
	Name	Doing business as		41-	0967891						
	Initial return Final	1553 CMACECOACH TRATE COTTON	Room/suite	E Telephone numb	oer - 4 36-5189						
	termi aled			G Gross receipts \$	1,384,171.						
	Amer	A FTON MN 55001		H(a) Is this a group							
F	return Appli tion			for subordinat							
	pend	3001 BROADWAY STREET NE, SUITE 640, MI	NNEAPO								
	Taviav	empt status: X 501(c)(3)		THE RESERVE THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA	a list. (see instructions)						
		te: > WWW.BELWIN.ORG		H(c) Group exempt							
		forganization: X Corporation Trust Association Other	L Year		M State of legal domicile: MN						
_	art I	Summary									
4	1	Briefly describe the organization's mission or most significant activities: DEDI	CATED	TO PRESERV	ATION,						
Activities & Governance		RESTORATION AND APPRECIATION OF OUR NATU	RAL WC	RLD. IT O							
L	2	Check this box large if the organization discontinued its operations or dispo	sed of more	than 25% of its net	assets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)	x11111011111111111111111111111								
G	4	Number of independent voting members of the governing body (Part VI, line 1b)									
es	5	Total number of individuals employed in calendar year 2017 (Part V, fine 2a)	***********								
Ϋ́	6	Total number of volunteers (estimate if necessary)									
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12									
_	b	Net unrelated business taxable income from Form 990-T, line 34			ь О.						
				Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)		785,481							
Revenue	9	Program service revenue (Part VIII, line 2g)		0	The state of the s						
è		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,109	20,840.						
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,310							
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		892,900							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0							
		Benefits paid to or for members (Part IX, column (A), line 4)		0							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	402;567								
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	~~···	28,300	0.						
X				470 (10	410 761						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	SOUR METERS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	479,612 910,479							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Contract Contract	- 1 7,579							
_ 43		Revenue less expenses. Subtract line 18 from line 12									
Ssets or Balances				ginning of Current Yea 12,238,493							
Ball	20	Total assets (Part X, line 16)		1,581,440							
Net As	21	Total liabilities (Part X, line 26)		10,657,053							
	rt II	Net assets or fund balances. Subtract line 21 from line 20		10,037,033	1 11/11/07/01						
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the hest of	my knowledge and helief it is						
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			A strange and solidi, the						
	001100	h halia		180/1	0/18						
Sigr	n	Signature of officer		Date	- -						
Her		DAVID HARTWELL, PRESIDENT									
	•	Type or print name and title			N 72 72 72 72 72 72 72 72 72 72 72 72 72						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN						
Paid		JOANNE KLETSCHER Dan Mutsh 131 118 self-employed P01084498									
Prep	arer	Firm's name BURR OAK GROUP, INC.		Firm's EIN	14 4001000						
Use	Only	Firm's address 3001 BROADWAY STREET NE STE. 64	0								
		MINNEAPOLIS, MN 55413		Phone no.							
May	the II	AS discuss this return with the preparer shown above? (see instructions)			Yes No						
72200	D1 11-2	8-17 LHA For Panerwork Reduction Act Notice, see the senarate instructi	ODS		Form 990 (2017)						

	DELWIN CONCEDUANCY	41-0967891	D 2
Form	1990 (2017) BELWIN CONSERVANCY III Statement of Program Service Accomplishments	41-0307031	Page 2
Fai			X
-	Check if Schedule O contains a response or note to any line in this Part III	(4) (4) 4 (4)	
1	Briefly describe the organization's mission: ORGANIZATION DEDICATED TO PRESERVATION, RESTORATION AND	D APPRECIATIO	N
	OF OUR NATURAL WORLD. BELWIN OWNS APPROXIMATELY 1400	ACRES OF LAND	IN
		ELWIN COMPRIS	
	ONE OF THE LARGEST PRIVATELY OWNED NATURE PRESERVES IN	THE TWIN CIT	IES
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?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	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 305, 235 • including grants of \$) (Rev)
	ECOLOGICAL RESTORATION/ENVIRONMENTAL EDUCATION - RESTO	RATION OF NAT	
	COMMUNITIES THAT ONCE FLOURISHED IN THE ST. CROIX VALL	EY, BUT ARE N	
	ENDANGERED DUE TO HABITAT FRAGMENTATION, DEVELOPMENT E	TC. VISITORS	
	ALL AGES COME TO WALK THE 22 MILES OF TRAILS OF NATURAL	L LANDSCAPE O	N.
	MORE THAN 1300 ACRES. MORE THAN 10,000 STUDENTS, COMP	MELL YOULUA	T T
	3RD AND 5TH GRADER IN THE ST. PAUL SCHOOL DISTRICT, AS SCHOOL STUDENTS, VISIT THE BELWIN CONSERVANCY EACH YEAR	METIT WE UICH	PF
	INSTRUCTED BY PROFESSIONAL ENVIRONMENTAL EDUCATORS.	WHERE THEI A	1711
	INSTRUCTED BY PROPESSIONAL ENVIRONMENTAL EDUCATORS.		
4b	(Code:) (Expenses \$ 120,611. including grants of \$) (Rev	venue \$)
	ART, SCIENCE AND NATURE - BELWIN PROVIDES HIGH QUALITY		
	(AND SCIENCE) PROGRAMMING, BOTH PARTICIPATORY AND OBSE		
	IN ALL CASES INCLUDE AN ENVIRONMENTAL MESSAGE THAT LEA		
	DELIGHTED WITH THE EXPERIENCE AND ENLIGHTENED TO ENVIR	ONMENTAL ISSU	JES.
	a 8		
4c	(Code:) (Expenses \$ 108,939 • including grants of \$.) (Rev	venue \$)
70	RECREATION - BELWIN OFFERS THE COMMUNITY TWO TYPES OF		
	ACTIVITIES. THE LUCY WINTON BELL ATHLETIC FIELDS WITH	SOCCER, BASE	BALL
	AND FOOTBALL FIELDS COVERS 50 ACRES. IT IS PRIMARILY	FOR CHILDREN	
	PARTICIPATING IN THE PROGRAMS RUN BY THE ST. CROIX SOC	CER CLUB AND	ST.
	CROIX VALLEY ATHLETIC ASSOCIATION. THE HIGH QUALITY F	IELDS WERE OF	
	IN 1999 AFTER COMMUNITY LEADERS ASKED BELWIN TO PARTIC		
	PROVIDING FACILITIES THAT WERE NOT OTHERWISE AVAILABLE	TO THE	
	COMMUNITY. PASSIVE HIKING TRAILS ARE AVAILABLE TO THE	PUBLIC AND	
	MAINTAINED BY BELWIN IN NUMEROUS PLACES ON ITS PROPERT	Y ADJACENT TO) THE
	LUCY WINTON BELL ATHLETIC FIELDS.		
-			
4d	Other program services (Describe in Schedule O.)		

including grants of \$ 534,785.

Form **990** (2017)

4e Total program service expenses

Form 990 (2017) BELWIN CONSE 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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			4.5
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ا ا		x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
11	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ű	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			- T
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	1	x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
12a		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			۱.,
	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			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Ë		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		Х
-		_	000	(0017)

Form 990 (2017) BELWIN CONSERVANCY Part IV Checklist of Required Schedules (continued)

			Yes	No
20a Di	id 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 Di	id the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	nd former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Sc	chedule J	23		X
24a Di	id the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
las	st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	chedule K. If "No", go to line 25a	24a		X
b Di	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	ny tax-exempt bonds?	24c		
d Di	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
tra	ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	nat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	chedule L, Part I	25b		X
26 Di	id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	omplete Schedule L, Part II	26		X
27 Di	id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	f any of these persons? If "Yes," complete Schedule L, Part III	27		X
28 W	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
in	structions for applicable filing thresholds, conditions, and exceptions):			
аА	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	irector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Di	id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30 Di	id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
cc	ontributions? If "Yes," complete Schedule M	30		X
	id the organization liquidate, terminate, or dissolve and cease operations?			
lf	"Yes," complete Schedule N, Part I	31		X
32 Di	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
S	chedule N, Part II	32		X
33 Di	id the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 W	las the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Pá	art V, line 1	34	X	
35a Di	id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
w	rithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Se	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
lf.	"Yes," complete Schedule R, Part V, line 2	36		X
37 Di	id the organization conduct more than 5% of its activities through an entity that is not a related organization			
	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Di	id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	lote. All Form 990 filers are required to complete Schedule O	38	X	1

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-	ago o				
	Check if Schedule O contains a response or note to any line in this Part V								
	***************************************			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming							
	(gambling) winnings to prize winners?		1c	Х					
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 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?	2b	X	_				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	6)							
		again a maaana maaa aa aa -	3a	_	X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		3b		_				
4a				v					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	_	X				
b	If "Yes," enter the name of the foreign country:	t- (FDAD)							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		5a		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?	5b		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 9996 T2		5c						
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		30_		-				
6a			6a		x				
h			- Ou		<u> </u>				
U	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).		6b_						
а	a 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?								
b	4 16 No. 11 11 11 11 11 11 11 11 11 11 11 11 11								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?		7с		X				
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 of	contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		-				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8	_	_				
9	Sponsoring organizations maintaining donor advised funds.			-					
а			9a		├─				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_				
10	Section 501(c)(7) organizations. Enter:	10a							
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1 -					
	Section 501(c)(12) organizations. Enter:	100							
11	Gross income from members or shareholders	11a							
a	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
	amounts due or received from them.)	11b							
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
	a Is the organization licensed to issue qualified health plans in more than one state?								
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	· ·							
	organization is licensed to issue qualified health plans	13b	0	14.0					
	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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b						

Form **990** (2017)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	3+3-11-11					A
Sec	tion A. Governing Body and Management						
		¥2	Y :	۰.	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					- /	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			-	
	officer, director, trustee, or key employee?				2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, or 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 w	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?			-	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		Х
b	olders, or						
_			7b		Х		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	경 전 전 이번 이 맛 그 그 모습니다. 그 그림 그는 그런 그런 그런 그는 그런 그런 그는 그를 가게 되었다.				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
						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 c						
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			9	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			- 1	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ſ			
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	ıflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			- 1	13	Х	
14	Did the organization have a written document retention and destruction policy?			г	14	X	
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				31		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			. [16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization						
	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 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	/) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	ind records:				
	KATIE BLOOME - 651-436-5189						
	1553 STAGECOACH TRAIL SOUTH, AFTON, MN 55001						
					Form	gan	(2017)

Page 7

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.
- 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) Average hours per week	(do	not c	Posi heck ss pe	ition		one n an	(D) Reportable compensation from	director, or trustee. (E) Reportable compensation from related	(F) Estimated amount of other
	(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-MISC)	compensation from the organization and related organizations
(1) DAVID B HARTWELL	1.00	.,						0.	0.	0.
PRESIDENT	1.00	X	-	Х	-	-	_	0.	0.	- 0.
(2) DOUGLAS JOHNSON VICE PRESIDENT	1.00	x		х				0.	0.	0.
(3) JERRY ALLAN	1.00	-		-	\vdash		-			
DIRECTOR	1100	x						0.	0.	0.
(4) JOHN SATORIUS	1.00		\vdash			Н				
DIRECTOR		х						0.	0.	0.
(5) JILL KOOSMANN	1.00	П	T							
TREASURER		X		X				0.	0.	0
(6) NANCY GIBSON	1.00						*			
SECRETARY		X		X				0.	0.	0.
(7) IRENE QUALTERS	1.00									
DIRECTOR		X	_	_	<u> </u>	L	_	0.	0.	0
(8) JOHN VONDELINDE DIRECTOR	1.00	x						0.	0.	0
(9) NANCY KAFKA EXECUTIVE DIRECTOR	40.00			х				88,277.	. 0.	0
)		T				Γ				
		T	Ī							
		T	Ī							
-										
			T	Г						
			T	\vdash	T	T				

Form 990 (2017)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	_		
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		Estima	
		hours per week					is bot or/trus		compensation from	compensation from related		amoun othe	
		(list any	tor	П		Γ	Г		the	organizations		compens	
		hours for	r direc				pa		organization	(W-2/1099-MISC)	1	from t	he
		related	stee o	rustee			ensat		(W-2/1099-MISC)			organiza	
		organizations below	al tru:	onal tr		oloyee	00 as					and rela organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			-	organiza	lions
_			트	٥	5	\$	토칭	<u>E</u>			+		
			ł										
_			\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			+		
			1								-1		
							Г				7		7.
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			<u> </u>										
						L	_				_		
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_			-		-	-	-	_			+		
	12		1										
			⊢	\vdash	-	⊢	₩	-			+		
			1				ŀ						
46	Cub total	l		_	1	_			88,277.	0			0.
	Sub-total Total from continuation sheets to Part V	Il Section A	91.55		×		800m18		0.				0.
	Total (add lines 1b and 1c)							•	88,277.	0			0.
2	Total number of individuals (including but i	not limited to th	nose	list	ed a	bov	e) wl	no r		0,000 of reportable			
_	compensation from the organization						,						0
	***											Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, k	ey e	mpl	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for										. L	3	X
4	For any individual listed on line 1a, is the s												1
	and related organizations greater than \$15											4	X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services			x
_	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	per	son					5	ΙΛ.
	tion B. Independent Contractors								that was in a day and them	¢100,000 of comp		tion from	
1	Complete this table for your five highest co the organization. Report compensation for										51 13a	ilion ilom	
_		trie caleridar y	ear	end	irig	VVILI	OI W	716111	(B)	year.		(C)	
	(A) Name and busines:	s address	N	ON	E				Description of s	services	Co	mpensat	ion
_													
			_		-		_						
2	Total number of independent contractors		not I	ımite	ed to	o the	ose li 0	ste	a apove) wno received r	nore than			
	\$100,000 of compensation from the organ	ization >	_	-			<u> </u>				-	orm 990	(2017)
											г	OHILOGO	(2017)

		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	from tax under
				4.04/3.53		revenue	revenue	sections 512 - 514
t its	a	Federated campaigns	1a					
[5 m	b	Membership dues	1b					
A B		Fundraising events						
E E		Related organizations						
δ. <u>Ε</u>	е	Government grants (contributions	1e	56,536.				
5 %	f	All other contributions, gifts, grants, a	nd					
₫ ₹		similar amounts not included above	ıf 1,	211,766.				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1	f: \$	340,000				
<u> </u>	h	Total. Add lines 1a-1f		> 2	1,268,302.			
				Business Code				
ဗ္ဗ 2	а							
<u></u>	b							
<u> </u>	С							
Program Service Revenue	d							
§	е							
-	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
3		Investment income (including divi			20,840.	0.	0.	20,840.
		other similar amounts)			20,040.	0.		20,040
4		Income from investment of tax-ex	-	200				
5		Royalties	(i) Real					
			(i) Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)			95,029.			95,029.
١.,		Net rental income or (loss)	CONTRACTOR OF THE PARTY OF	(ii) Other	33,023.			33,023
'	а) Securities	(II) Other				
	.	assets other than inventory Less: cost or other basis						
	D	and sales expenses		1				
.	_	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising ev						
evenue	a	including \$						
Š		contributions reported on line 1c)						
<u>د</u> ا		Part IV, line 18						
Other R	lb	Less: direct expenses						Mark Committee
0		Net income or (loss) from fundrais				17.00		
9		Gross income from gaming activit						
		Part IV, line 19						
	b	Less: direct expenses						- 2
		Net income or (loss) from gaming						
10	а	Gross sales of inventory, less retu	urns		W-11			
		and allowances	a					
	b	Less: cost of goods sold					18 T-1	
	C	Net income or (loss) from sales of	inventory	>				
		Miscellaneous Revenue		Business Code				
11	а							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						115 000
12		Total revenue. See instructions.			1,384,171.	0.	0.	115,869

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX		(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	irants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21			V 10 10 10 10 10 10 10 10 10 10 10 10 10	
2 0	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 0	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign			1 4	
ir	ndividuals. See Part IV, lines 15 and 16				
4 B	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
tı	rustees, and key employees				
6 0	compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)	88,277.	30,897.	26,483.	30,897
7	Other salaries and wages	311,874.	197,487.	50,798.	63,589
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits	45,857.	26,826.	8,153.	10,878
	Payroll taxes	30,077.	17,440.	5,621.	7,016
	ees for services (non-employees):				
	Management				
	egal				
	Accounting				
	obbying				
	Professional fundraising services. See Part IV, line 17				
-	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A) amount, list line 11g expenses on Sch O.)	136,578.	89,827.	39,290.	7,461
	Advertising and promotion	7,230.	3,072.	1,416.	2,742
		15,716.	3,764.	10,551.	1,401
	Office expenses	23,995.	13,695.	4,634.	5,666
	nformation technology	2373331	10,033.	-/	
	Royalties	21,380.	13,838.	6,904.	638
	Decupancy	4,760.	1,122.	2,507.	1,131
	ravel	4,700.	1,122.	2/30/1	,
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,975.	2,975.		
	nterest	2,313.	2,7775		
	Payments to affiliates	115,697.	66,259.	22,128.	27,310
	Depreciation, depletion, and amortization	33,499.	21,375.	8,167.	3,957
122	nsurance	33,433.	21,373.	0,107.	3,331
a 2	Other expenses, Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	REAL ESTATE TAXES	17,472.	11,309.	5,642.	521
	OTHER REPAIRS	16,714.	16,452.	262.	
	VEHICLE REPAIRS	15,090.	14,145.	291.	654
	MISCELLANEOUS	8,655.	4,302.	3,705.	648
		0,055.	1,502.	3,7,031	
	All other expenses	895,846.	534,785.	196,552.	164,509
	Total functional expenses. Add lines 1 through 24e	053,040.	334,703.	170,3321	101,505
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
C	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X		************	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		79,909.	1	85,633.
- 1	2	Savings and temporary cash investments		134,735.	2	155,576.
	3	Pledges and grants receivable, net		541.	3	141,735
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
	_	trustees, key employees, and highest compensation			- 5	
					5	
	6	Loans and other receivables from other disquali				
- 1	_	section 4958(f)(1)), persons described in section	· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of section				
,		employees' beneficiary organizations (see instr).			6	
Hoock	7	Notes and loans receivable, net	1,509,810.	7	1,504,286	
₹	8	Inventories for sale or use			8	
- 1	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	I I			
		basis Complete Part VI of Schedule D	109 14,260,864.			
	h	Less: accumulated depreciation	10h 3,396,363.	10,513,498.	10c	10,864,501
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		12,238,493.	16	12,751,731
\dashv	17	Accounts payable and accrued expenses	81,467.	17	106,380	
	18				18	FEI WOTZ ALSAND SA
	19	Grants payable	1,499,973.	19	1,499,973	
		Deferred revenue Tax-exempt bond liabilities			20	5-2 (
	20 21	Escrow or custodial account liability. Complete			21	
.		Loans and other payables to current and forme				
<u> </u>	22	key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	_
<u> </u>	00	Secured mortgages and notes payable to unrel			23	
	23	Unsecured notes and loans payable to unrelate			24	
	24	. ,			-	
	25	Other liabilities (including federal income tax, paparties, and other liabilities not included on lines				
		•	17-24). Complete Fart X of		25	
	26	Schedule D Total liabilities. Add lines 17 through 25		1,581,440.		1,606,353
-	20	Organizations that follow SFAS 117 (ASC 958				
ا		complete lines 27 through 29, and lines 33 ar		** - 4 - 4		
<u> </u>	27			-110,262.	27	-172,960
0	27	Unrestricted net assets Temporarily restricted net assets		537,456.	28	564,283
<u> </u>	28 29			10,229,859.	29	10,754,055
	29	Organizations that do not follow SFAS 117 (A	SC 058) check here			
ב			(30 500), check here	S. A. S.		
2	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
Se	30	Paid-in or capital surplus, or land, building, or ea			31	
Ž	31				32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		10,657,053.	33	11,145,378
	33	Total net assets or fund balances		12,238,493.		12,751,731
	34	Total liabilities and net assets/fund balances		1 12/230/1930	, , , ,	Form 990 (201)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

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

Open to Public Inspection

Name of the organization BELWIN CONSERVANCY Employer identification number 41-0967891

Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.				
Γhe	organ	zation is not a private founda	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	\Box	A hospital or a cooperative					i).				
4	H	A medical research organiza	ation operated in cor	niunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter i	the hospital's name.			
4			ation operated in cor	ijanotion with a noopital	400011004		•(=)(-)(-)()- =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_		city, and state:		lana or university overse	d or operat	od by a g	wommontal unit describ	ed in			
5	ш	An organization operated for		lege or university owner	or operat	ed by a go	overnmental unit describ	ea III			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov									
7	X	An organization that normal	lly receives a substa	ntial part of its support f	rom a gove	emmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: II.)						
9		An agricultural research org				d in conju	nction with a land-grant	college			
-		or university or a non-land-g									
		university:	, and ourself or agree			, ,					
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sur	nort from	contributio	ons, membership fees, a	nd gross receipts from			
IU		activities related to its exert									
		income and unrelated busin		(less section 511 tax) to	om busine:	sses acqu	ired by the organization	alter Julie 30, 1975.			
		See section 509(a)(2). (Con	•								
11	\Box	An organization organized a									
12	ш	An organization organized a									
		more publicly supported org						heck the box in			
		lines 12a through 12d that of	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving			
		the supported organization									
		organization. You must c									
b		Type II. A supporting orga	-		tion with it	s supporte	ed organization(s), by ha	vina			
	1	control or management of									
					arrie perso	mis triat oc	manage are sup	portod			
	_	organization(s). You mus			i	بطائب ممنا	and functionally integrate	ad with			
С		Type III functionally inte						sa wiiri,			
	-	its supported organization									
d		Type III non-functionally									
		that is not functionally int						iveness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	**			
		functionally integrated, or						1124			
f	Ente	er the number of supported o									
		vide the following information	•	ed organization(s).	., ., .,	1000 410000 1000		11.00			
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
_				above (see instructions)							
_					_						
_											
Tot	al l										

Schedule A (Form 990 or 990-EZ) 2017 BELWIN CONSERVANCY 41-09678 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	ction A. Public Support						
Cale	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 fees received. (Do not						
	include any "unusual grants.")	571,337.	590,855.	649,851.	794,593.	1268302.	3874938.
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			610 051	F04 F03	4060300	2074020
4	Total. Add lines 1 through 3	571,337.	590,855.	649,851.	794,593.	1268302.	3874938.
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,						108,390.
	column (f)						3766548.
	Public support. Subtract line 5 from line 4.						3700340.
-	ction B. Total Support	63,0040	#10044	(-) 001 F	(4) 0016	(a) 0017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013 571,337.	(b) 2014 590,855.	(c) 2015 649,851.	(d) 2016 794,593.	(e) 2017 1268302.	3874938.
	Amounts from line 4	3/1,33/.	330,033.	045,051.	154,555.	1200502.	30713301
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	16,200.	100,380.	105,396.	98,310.	95,029.	415,315.
•	and income from similar sources	10,200.	100,3001	103/3301	30,0201	30,020	
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		-				
11	Total support. Add lines 7 through 10	L- V VI VI -5					4290253.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	·
	organization, check this box and stop	here			***************	*******	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ivided by linę 11, d	column (f))		14	87.79 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14	a		15	91.16 %
168	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies						
t	33 1/3% support test - 2016. If the						
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2017 BELWIN CONSERVANCY 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	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	21 3333						
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						
ŀ	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.)						
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(a) 2013	(0) 2014	(6) 2015	(4) 2010	10/2017	(i) rotal
	Amounts from line 6 Gross income from interest,				-		
108	dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources	*(160			
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,				1		
	whether or not the business is regularly carried on				1		
12	Other income. Do not include gain	•		<u> </u>			
_	or loss from the sale of capital		1		1		
42	assets (Explain in Part VI.)			 			
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the every	s first assemble this	rd fourth or fifth	tax year as a socti	on 501(c)(3) organi	zation
14							
<u>-</u>	check this box and stop here	- Cunnort Do	roontooo				
_	ction C. Computation of Publ			. (0)		Tarl	
	Public support percentage for 2017 (15	
	Public support percentage from 2016				*****************	16	%
Se	ction D. Computation of Inves					т т	
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18						18	%
19:	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
1	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Private roundation. If the organization	n did not check a	DOX OF HITE 14, 18	a, or 190, check	THE DOY WHO SEE II	ion donor io	

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 (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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a 5b		
5c	. 7	
6		
7		
8		
9a		
9b		
9c		
10a		
10b 90 or 9	90-F7	201

Pai	rt IV Supporting Organizations (continued)			
		ř	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	_	
	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		
Sec	tion B. Type I Supporting Organizations		Iv I	N.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
<u></u>	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		Yes	No
	Mars a majority of the avantization's divestors or trustees during the tay year elec a majority of the divectors		162	1,40
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
500	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>	_	
360	tion B. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
1	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		
	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		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			12
3	significant voice in the organization's investment policies and in directing the use of the organization's	1.152		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	No.
	supported organizations played in this regard.	3		
500	tion E. Type III Functionally Integrated Supporting Organizations			
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
.b	The organization satisfies the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	nstruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	015	1.0	
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			- 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 3
	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.			
a	the state of the s	-		
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	and the second s			
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		
	or to antibarran ar der internation to the desired to the desired to the artists and and are desired to the des			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
_	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		
	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	واللحوان والم	
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	T		
	emergency temporary reduction (see instructions)	. 6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		1h 20	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization 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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
	From 2014			
	From 2015			
	From 2016		Fig. 10 EST	
	Total of lines 3a through e			
	Applied to underdistributions of prior years			FILL STREET
	Applied to 2017 distributable amount		July Manager	
	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			No. of the last of
7	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
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			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3		WELL IN SAME AND THE	
'	and 4c.		the Branch of	
_				
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.

Inspection

OMB No. 1545-0047

Name	of the organization BELWIN CONSERVANCY	•	Emp	oloyer identification number $41-0967891$
Par		ed Funds or Other Similar Fund	s or Accou	
Pai			0. 7.0000	The Complete if the
	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	(b) Fun	ds and other accounts
		(a) Donor advised funds	(6) 1 (6)	as and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's			Yes L_ No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?	*****		Yes No
Par		ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).		
•	X Preservation of land for public use (e.g., recreation or		torically impor	rtant land area
	X Protection of natural habitat	Preservation of a cer	tified historic	structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	ified conservation contribution in the form	of a conserv	ation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements		2a	5
				79.60
	Total acreage restricted by conservation easements			105: 305040
C	Number of conservation easements on a certified historic s		417.00	
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	a duving the toy
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by tr	ne organizatioi	n during the tax
	year -			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of		w
	violations, and enforcement of the conservation easements	it holds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation eas	sements during the year
	<u> 6</u>			
7	Amount of expenses incurred in monitoring, inspecting, har	dling of violations, and enforcing conserv	ation easeme	nts during the year
	▶ \$160.			
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiz			
	conservation easements.			
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or (Other Simi	lar Assets.
	Complete if the organization answered "Yes" on For			
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and bal	lance sheet works of art,
	historical treasures, or other similar assets held for public e	khibition, education, or research in further	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc			
h	If the organization elected, as permitted under SFAS 116 (A		nt and balanc	e sheet works of art, historical
U	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	ublic service.	provide the following amounts
		education, or rescaron in farther area or p	abile 5011100,	provide and remaining annealist
	relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X	in a construction of the c		Ψ
2	If the organization received or held works of art, historical to		iai gain, provid	ue
	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simila	ar Asse	ts(continu	ued)	_
3	Using the organization's acquisition, accession								•
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange programs					
ь	Scholarly research	е	Other						
C	Preservation for future generations		Sc						
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	empt purpo	se in Par	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Par		J						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included				_
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII								
	ii 100, explain the arrangement in ran van	2.1.0 001.1p.010 1.10 101					Amount		_
С	Beginning balance				1c				_
	Additions during the year								
_	Distributions during the year				46				
f	Ending balance Did the organization include an amount on Fo				***		Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII.							Ħ	
Par									
I ai	Lindowine it i unds. Complete	(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	back
٦.	Desiration of week halones	134,736.	127,276.	128,753.		23,203.		123,2	
1a	Beginning of year balance	154,750.	117,170			-,			_
b	Contributions		7,460.	-1,477.		5,550.			
	Net investment earnings, gains, and losses		7,400.	1,1//*		3,330.		_	
	Grants or scholarships								_
е	Other expenditures for facilities								
	and programs								_
f	Administrative expenses		101 -06	400.006		00 853		103	202
g	End of year balance	134,736.	134,736.			28,753.		123,	203.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%				ġ			
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	-		
	by:						_	Yes	No
	(i) unrelated organizations			((1))			3a(i)		Х
	(ii) related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza								X
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			2	71		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or o basis (investr	ther (b) Cost	or other (c)	Accumulate epreciation		(d) Bool	k value)
		0 540		(SEIOI) UC	-p. ociation		9,54	8.60	94.
	Land	4 710		2	396,3		1,31		
	Buildings	977	1 / 0 •	3,	330,3	00.	エ , JI.	,,,,,,	<i>.</i> , .
С	Leasehold improvements								
d	Equipment	997							
	Other					_ 1	0 00	1 = 1	0.1
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)			0,86	±,5(υL.

Schedule D (Form 990) 2017

		e 11b. See Form 990, Part X, line 12	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market valu
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	988		
Complete if the organization answered "Yes" o	on Form 990, Part IV, III (b) Book value	e 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost	or end-of-year market valu
(a) Description of investment	(D) DOOK VAIUE	(C) Well lod of Valuation. Cost	or end-or-year market valu
(1)		-	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		The second second	
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
The second secon	E 000 D 4 D 4 D 4 D	2000 700	
	n Form 990. Part IV. III	e 11d. See Form 990. Part X. line 15	5.
	on Form 990, Part IV, III	e 11d. See Form 990, Part X, line 15	(b) Book value
(a) D		e 11d. See Form 990, Part X, line 15	
(a) D		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15	
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the part of the bility of the part of the bility of the part of the bility of the bilit	Description		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
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(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
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(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

732053 10-09-17

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 BELWIN CONSERVANCY		41-0967891 Page 4
		ments With Revenue pe	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b			
С			
d			
е			2e
3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
_5			
Pa			er Return.
			<u> </u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	30 Y	1
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	0000	15
d		13/2/4/2	1000
е			
3			3
4		35 F	1.7
а			
Ь		4b	

5		7**************************************	5
		Don't IV Sees 46 and Ob. Don't V	ing A. Dort V. line 2: Dort VI
			ine 4; Part X, line 2; Part XI,
ıınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
_			
PAI	RT TT LINE 9:		
	AT II, DIMO J.		
BE	LWIN BELIEVES IT IS MOST APPROPRIATE TO	ACCOUNT FOR THE	CONSERVATION
EA	SEMENTS AS A COLLECTION. THE CONSERVATION	ON EASEMENTS ARE	RECORDED AT A
NOI	MINAL VALUE OF \$1 EACH ON THE STATEMENT (OF FINANCIAL POS	ITION.
_			
COI	NSERVATION EASEMENTS ACQUIRED ARE REPORT	ED AS EXPENSES O	N THE THE
ST	ATEMENT OF ACTIVITIES AT APPRAISED MARKE	T VALUE. ANY DI	FFERENCE BETWEEN
TH:	E APPRAISED VALUE AND COST IS RECORDED A	S AN IN-KIND CON	TRIBUTION.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Total expenses and losses per audited financial Statements With Expenses per Reference and use of facilities Omplete if the organization answered "Yes" on Form 990, Part IV, line 12: Net unrealized gains, (losses) on investments Donated services and use of facilities Recoveries of prior year grants Cither (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Recomplete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Cother losses Cother losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		AG OF PEGEMPER
BE:	LWIN HAD ONE OPTION TO PURCHASE A CONSER	VATION EASEMENT	AS OF DECEMBER
21	2011 MILION MAG EVERGIGER ON TIME 10 2	012 MUR CONCER	WANTON DACDMENT
<u>5⊥</u>	, ZUIT WHICH WAS EXERCISED ON JUNE 19, Z	UIZ. THE CONSER	VALION CASEMENT
TAT TA	C DIDCUACED EOD 6779 OOO OE WUTCU 6267 A		N TN-KIND
WA	S PURCHASED FOR \$778,000 OF WHICH \$267,4	O / KERKESENTED A	M IM-VIND

CONTRIBUTION FROM THE SELLER.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

lame of the organization B	ELWIN CO	NSERVANC	Y						678		,,, mu	,,,,,,,,,,
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3		ion 501(c)(4), and 50				1 5			
					irt IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	ine 40	. סע	(d)	Correc	cted
(a) Name of disqualified p	Relationship between disqualified person and organization (c) De		c) Description of transaction				Yes		No			
											_	
										+	+	_
2 Enter the amount of tax i							1	\$				
section 4958 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization	***************************************						
							MEASON.					
	d/or From Int				D- 4 V B 00 5	000 Cart IV II-	- 00.	:E = b		-i-ati	~~	
reported an amo					, Part V, line 38a or F	-orm 990, Part IV, III	ie 26, (טר וו נו	ie orga	ırıızatı	ווע	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g)		(h) App	proved ard or	(i) W agree	ritten
interested person v	with organization	tion of loan	organ	ization?	principal amount	I	default?		Yes No		Yes	_
			То	From			res	NO	res	NO	162	140
	_		-	-								
			<u> </u>									
otal					> \$						13	
Part III Grants or As		1.7										
Complete if the c	organization ansv	vered "Yes" on (b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose of	f
(a) Name of interested [pordon	interested per	son ar		assistance	assistan				assista		
		the organiz	ation	-				4			-	
								-				
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A For Paperwork Reduc				<i>.</i> -	000 000 57		د ادرام	<u> </u>	rm 990	2 01	00 EZ	\ <u>~~</u>

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of transaction	(e) Sha organiz	ation's
	person and the organization	Harisaction	transaction	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (d) Description of transaction (e) Storgan person and the organization (d) Description of transaction (e) Storgan person and the organization (e) Amount of transaction (e) Storgan person and the organization (e) Amount of transaction (e) Storgan person and the organization (e) Amount of transaction (e) Amount of transaction (e) Storgan person and the organization (e) Amount of transaction (e) Amount of		Х			
	onses to questions on Schedule L (see i	nstructions).			
SCH L. PART IV. BUSINESS T	TRANSACTIONS INVOLVI	IG INTEREST	ED PERSONS:		
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	O ORGANIZAT	'ION:		
THE AFTON LAND PARTNERSHIP	P OWNS LAND ADJACENT	TO LAND HE	LD BY BELWI	N	
(D) DESCRIPTION OF TRANSAC	CTION: BELWIN STAFF	PROVIDES OC	CASIONAL		
MAINTENANCE SERVICES FOR (CERTAIN PROPERTIES OF	NED BY AN	ENTITY AFFI	LIAT	ED
WITH A MEMBER OF THE BELW	IN BOARD, BELWIN IS E	REIMBURSED	FOR ITS		
OUT-OF-POCKET EXPENSES ANI	FOR ANY TIME THAT	TS PERSONN	EL DEVOTE I	o su	СН
SERVICES (NORMALLY LESS TE	HAN \$50.000 PER ANNUM	M). AND BEL	WIN ALSO RE	CEIV	ES
		IN APPIDIAL	ED ENTITI	OK	
PERFORMING THESE SERVICES	•				
			Σ D		
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person (c) Amount of transaction THE AFTON LAND PART O.BELW Part V Supplemental Information Provide additional information of transaction of transaction (d) Description of transaction (e) Provide additional information of transaction of transaction (e) Provide additional information of transaction of transact					
(a) Name of interested person (b) Relationship between interested person and the organization THE AFTON LAND THE AFTON LAND PART Provide additional information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTO (A) NAME OF PERSON: AFTON LAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGATION AFTON LAND PARTNERSHIP OWNS LAND ADJACENT TO LAMBER AFTON LAND PARTNERSHIP OWNS LAND ADJACENT TO LAMBER AFTON OF TRANSACTION: BELWIN STAFF PROVIDE ALIGNMENT AND ADJACENT TO LAMBER OF THE BELWIN BOARD, BELWIN IS REIMBURGED OUT-OF-POCKET EXPENSES AND FOR ANY TIME THAT ITS PERSON AND ADJACENT AND ADJACENT OF SERVICES (NORMALLY LESS THAN \$50,000 PER ANNUM), AND AND ADJACENT APPROVED ADJACENT APPROVED AND ADJACENT APPROVED ADJACENT APP					

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

BELWIN CONSERVANCY

Employer identification number 41-0967891

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deta noncash contribut			
1	Art · Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods	V007Y Y0 14						
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded							
	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
	Securities - Miscellaneous							
13	Qualified conservation contribution -	********						
	Historic structures Qualified conservation contribution - Ot							
		2						_
	Real estate - Residential							_
	Real estate - Commercial		1	340 000	APPRAISAL			
	Real estate - Other	********		340,000.	THE TANKED PILL		-	
	Collectibles							_
	Food inventory						_	_
20	Drugs and medical supplies							_
21	Taxidermy							_
22	Historical artifacts	2004000					_	
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (
26	Other • ()						
27	Other (· ·						
28	Other ()						
29	Number of Forms 8283 received by the	organization durin	g the tax year for	contributions				
	for which the organization completed F	orm 8283, Part IV,	Donee Acknowled	gement 29	(2)			
					_	Y	es	No
30a	During the year, did the organization re	ceive by contributi	on any property re	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from	the date of the initi	al contribution, an	d which isn't required to be	used for		- 1	
	exempt purposes for the entire holding					30a		X
h	If "Yes," describe the arrangement in P	Part II						
31	Does the organization have a gift accep		equires the review	of any nonstandard contrib	utions?	31		X
	Does the organization hire or use third							
JEd					I I	32a		Х
L	contributions? If "Yes," describe in Part II.							
	If the organization didn't report an amo	una in anti-man (c) fo	or a time of areas	ty for which column (a) is ah	acked			
33		ount in column (c) to	or a type or proper	ty for writeri column (a) is cir	soneu,	1		
	describe in Part II.		1° - 1 - 1	20	Schedule M	(Form	2007	2017

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Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BELWIN CONSERVANCY

Employer identification number 41-0967891

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
APPROXIMATELY 1400 ACRES OF LAND IN AFTON, WEST LAKELAND TOWNSHIP AND
LAKELAND, MN. BELWIN COMPRISES ONE OF THE LARGEST PRIVATELY OWNED
NATURAL PRESERVES IN THE TWIN CITIES REGION WITH A FOCUS ON CONNECTING
PEOPLE AND THE NATURAL WORLD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGION WITH A FOCUS ON CONNECTING PEOPLE AND THE NATURAL WORLD.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND THE
EXECUTIVE DIRECTOR. UPON APPROVAL, THE DRAFT FORM 990 IS EMAILED TO THE
BOARD OF DIRECTORS OF BELWIN FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING
FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER AND EMPLOYEE SHALL ANNUALLY REVIEW THE POLICY AND
ACKNOWLEDGE BY SIGNATURE THAT HE OR SHE HAS READ IT AND IS ACTING IN
ACCORDANCE WITH THIS POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER PROFESSIONAL:
PROGRAM SERVICE EXPENSES 89,827.

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form

Employer identification number Name of the organization 41-0967891 BELWIN CONSERVANCY Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (c) (e) (a) (b) Direct controlling Legal domicile (state or Total income End-of-year assets Name, address, and EIN (if applicable) Primary activity entity of disregarded entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) (g) Section 512(b)(13) (b) (c) (d) (e) (a) Exempt Code Public charity Direct controlling Primary activity Legal domicile (state or Name, address, and EIN controlled status (if section entity of related organization section entity? foreign country) 501(c)(3)) Yes No BELWIN SUPPORTING FUND - 45-3250704 THE CORPORATION SHALL BELWIN OPERATE EXCLUSIVELY FOR 3001 BROADWAY STREET NE SUITE 640 X THE BENEFIT OF BELWIN MINNESOTA 501(C)(3) LINE 12 CONSERVANCY MINNEAPOLIS, MN 55413

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Organization in value as a partition in practice of the first state of											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Genera	or Percentage
of related organization	(state o		entity	(related, unrelated, excluded from tax under sections 512-514)	încome	end-of-year assets	allocations?		20 of Schedule	e partner?	ownership
7=		country)		sections 512-514)			Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I	lo
			1							1 1	
8											
										1 1	
										1 1	
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						1				1 1	1
(1											
				1			_	_			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) · Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion o)(13) rolled ity?
		Country						Yes	No
0 									
	*								
	1	37							

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		-			Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		*****************************	Dally (84) (1844) (1844) (1847) (184) (184) (184) (184) (184) (184) (184) (184)	1a		X		
b	Gift, grant, or capital contribution to related organization(s)		***************************************	PX [- - - - - - - - -	1b		X		
С	Gift, grant, or capital contribution from related organization(s)			1-y	1c	X			
d	oans or loan guarantees to or for related organization(s)				1d		X		
е	oans or loan guarantees by related organization(s)	1217733317733414164145143166		WALK	1e		X		
							Х		
f	Dividends from related organization(s)				1f		_X		
g	Sale of assets to related organization(s)			***************************************	1g		<u>X</u>		
h	Purchase of assets from related organization(s)		*******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1h		00000		
i	exchange of assets with related organization(s)				1i		X		
j	ease of facilities, equipment, or other assets to related organization(s)		**************		1j.	-	X		
l,	cons of facilities, acquirement, or other appets from related arganization(a)				1k		х		
ı.	ease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organ	nization(e)			11	\vdash	X		
						1	X		
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)									
0	snaring of paid employees with related organization(s)		4 4 4 4 5 1 4 4 5 1 4 4 5 1 5 1 5 1 5 1	(44) (44) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14)	10		X		
_	Paimburg amont poid to valated exceptation(a) for expanses				1p		х		
	Reimbursement paid to related organization(s) for expenses						X		
9	Reimbursement paid by related organization(s) for expenses	**************			14	HU			
-	Other transfer of cash or property to related organization(s)				1r		х		
	Other transfer of cash or property from related organization(s)				1s		X		
	f the answer to any of the above is "Yes," see the instructions for information on wh				13				
				W-0011100-07100110-00-00-00-00-00-00-00-00-00-00-00-					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved				
		type (a-s)	,						
	ELMIN CURRORMING EUND	С	505 777	CASH DONATED					
(1) D	ELWIN SUPPORTING FUND	C	303,777.	CASII DONATED					
(2)									
(3)									
2000									
(4)									
(5)									
6 1/									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs) ill s sec)(3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca Yes	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership
	,e	ž										
	æ	ñ										
	¥											