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

OMB No. 154<u>5</u>-0047

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

Inspection

Department of the Treasury Internal Revenue Service

A	For the	2021 calendar year, or tax year beginning and	ending	_				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
Г	Addres	Conservation Corps						
F	Name change			41-18811	0.2			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
Final		60 Plato Blvd E	210	651-209-9900				
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,415,861.			
	Ameno	SC FAUL, MN 55107		H(a) Is this a group re				
	Application			for subordinates	? Yes X No			
	pendin	same as C above		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions			
		e:▶ www.conservationcorps.org		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	N State of legal domicile: MN			
P		Summary		5 -				
æ	1	Briefly describe the organization's mission or most significant activities: The	missio	n of Conser	<u>vation</u>			
Activities & Governance		Corps Minnesota & Iowa is to engage yout						
ern		Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	than 25% of its net as				
Š				3	17			
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			17			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			377			
₹		Total number of volunteers (estimate if necessary)			435			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.			
ne				Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		2,714,931.	2,850,984.			
Revenue		Program service revenue (Part VIII, line 2g)		4,636,460.	6,511,159.			
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,595.	24,803.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,171,782.	28,915.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,541,768.	9,415,861.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		2,554,458.	2,578,465.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,354,456.	2,576,465.			
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	17	0.	0.			
Ä	_ b	Total fundraising expenses (Part IX, column (D), line 25) 76, 4	- / •	4,948,953.	6,091,433.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,503,411.	8,669,898.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,038,357.	745,963.			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12						
Net Assets or	200	Total assets (Part X, line 16)	Ве	ginning of Current Year 5,788,490.	End of Year 6 , 523 , 157 •			
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		288,433.	307,916.			
let/	22	Net assets or fund balances. Subtract line 21 from line 20		5,500,057.	6,215,241.			
P	art II	Signature Block		3/300/03/1	0/213/2111			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			,,			
Sig	ın	Signature of officer		Date				
He		▶ Deb Berg, Board Chair						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	John N. Abdo, CPA John N. Abdo, C	PA 0	8/25/22 if self-employs	P00073438			
Pre	parer	Firm's name Abdo LLP	<u> </u>		41-1397419			
Use	Only	Firm's address 5201 Eden Ave Ste 250						
		Edina, MN 55436		Phone no.95	2.835.9090			
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No			

May the IRS discuss this return with the preparer shown above? See instructions

Form	1 990 (2021) Conservation Corps	41-1881102	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	The mission of Conservation Corps Minnesota & Iowa (Co		
	youth and young adults in meaningful service, leaders	hip developmen	t,
	and environmental stewardship. The Organization's vis	sion is a worl	d
	where everyone has equitable access to nature, is equi	ipped to succe	ed
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 service	es? 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	s, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a		Sevenue \$ 5,208,	
	The AmeriCorps field program engages young adults, age		<u>n</u>
	natural resource conservation and disaster response the		
	upper Midwest. In 2021, 171 participants served in na		
	roles restoring habitat throughout the Midwest. Field	members	
	contributed 210,562 hours of service this year, remove		
	species and hazard trees from 9,099 acres; planting 5		rees
	and shrubs; conducting prescribed burns on 10,674 acre		
	constructing or improving 731 miles of trail; install:		ning
	162,426 square feet of rain gardens; controlling eros		- A
	square feet of shoreline. AmeriCorps members receive a health insurance, and an education award for college		
	career and work-skills training, members receive cert:		ue
4b	005 660		662.)
40	(Code:)(Expenses \$ 297,662. including grants of \$) (R In 2021, CCMI youth programming faced continued disru		
	the pandemic; however, CCMI successfully resumed limit		<u>~</u>
	programming (ages 15-18) with strict COVID protocols		
	The residential Summer Youth Corps engages diverse you		8.
	in environmental-restoration projects during two summer		
	four weeks long. In 2021, 32 youth participants, 18 Am		
	and 3 part-time staff completed 12,281 hours of train:		
	environmental service learning projects. This past year	ar, crews buil	t
	and maintained 6.8 miles of trail, maintained 9 camps:		
	invasive species from 161 acres, and completed 2,665 1	hours of train	ing
	and general service. Participants receive a living st	ipend as well	as
	room and board. AmeriCorps members receive a monthly	stipend, healt	h
4c	(Code:) (Expenses \$ 1,006,560 • including grants of \$) (R		132. ₎
	In 2021, CCMI youth programming faced continued disrup	ptions caused	by
	the pandemic; however, CCMI successfully resumed limit		
	programming (ages 15-18) with strict COVID protocols		
	Youth Outdoors is an afterschool service-learning prog		
	Cities youth, ages 15-18 from low-income households.		ate
	for one academic semester at a time, meeting two days		
	school and on Saturdays to explore science and the en		
	complete projects to improve parks and restore resource		
	opportunities are also available. In 2021, 47 youth pa		d 37
	AmeriCorps members completed 36,248 hours of environments	ental service	
	learning projects. This past year, Youth Outdoors part	ticipants mana	ged
	exotic plant species on 626 acres of land, planted 25	,606 trees and	
4d	Other program services (Describe on Schedule O.)	121 600	
	(Expenses \$ 664,844 • including grants of \$) (Revenue \$ Total program service expenses ► 7,154,341 •	434,699.	
40	Total program service expenses ► 7,154,341.		

Form 990 (2021) Conservation Corps 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			. v
_	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?			X
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		1
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۵.		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) Conservation Corps Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7.7	
	Schedule J	23	Х	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

O21) Conservation Corps Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		277			
	filed for the calendar year ending with or within the year covered by this return	2a	377		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the			2b	Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			2-		Х
				3a 3b		12
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country	accou	iiiy:	та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ a \ payment \ before \ payment \ before \ payment \ p$	vices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			l
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			77
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining dones educed funds. Did a dones advised funds printering dones advised funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Didd			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
	<u> </u>				Y	es	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other							
_	officer, director, trustee, or key employee?			2			Х			
3	Did the organization delegate control over management duties customarily performed by or under the			··· —		T				
_	of officers, directors, trustees, or key employees to a management company or other person?		· ·	3			Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				-	_	Х			
5										
6	Did the organization have members or stockholders?				-	_	X			
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			··· ├		_				
	more members of the governing body?			7	a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			···		_				
~				7	,		Х			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r hv th	e followina:	··· •						
	The governing body?			8	, ,	x				
	Each committee with authority to act on behalf of the governing body?				-	x				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear			··· <u> </u>	_	_				
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			وا	,		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	and the second of the second o				T _V	es	No			
10a	Did the organization have local chapters, branches, or affiliates?			10	-		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			··· ··	_	7				
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	ь					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body					x				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 5010	o ming the form							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a 2	x				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				_	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			··· 						
Ŭ	on Schedule O how this was done			12	ر ای	x				
13	Did the organization have a written whistleblower policy?				_	X				
14	Did the organization have a written document retention and destruction policy?				_	X				
15	Did the process for determining compensation of the following persons include a review and approva			··· ├·						
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by	аоронаон							
а	The organization's CEO, Executive Director, or top management official			15	ia Z	x I				
	Other officers or key employees of the organization						Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			··· 'i	_		_			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
.Ju	taxable entity during the year?			16	ia		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				- L					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-							
	exempt status with respect to such arrangements?			16	h					
Sec	tion C. Disclosure			10		_				
17	List the states with which a copy of this Form 990 is required to be filed ►MN , WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	של ממנ	-T (section 501/	2)(3)e 0	nlv) av	vaile	hle			
.0	for public inspection. Indicate how you made these available. Check all that apply.		. (55511011001)(J ₁ (J)3 U	ny) a	·und	~10			
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule (1)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fi	nanci	al				
13	statements available to the public during the tax year.	innot (or interest policy	, and II	iai iUli	uı				
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke an	d records							
20	The Organization - 651-209-9900	JNJ all								
	60 Plato Blvd F 210 St Paul MN 55107									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	111126		C)	прсі	isai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	JCI AII	uau	II ecto	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tru		oyee	ompe		1099-NEC)	•	and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
723	line)	빌	Inst	0#i	Ke	Hig	윤			
(1) Mark Murphy	40.00			37				151 740	0	16 402
Executive Director	40.00			Х				151,740.	0.	16,403.
(2) James Kaczrowski Director of Finance	40.00			х				110,173.	0.	11,197.
(3) Deb Berg	1.00			Λ				110,173.	0.	11,19/•
Board Chair	1.00	X		х				0.	0.	0.
(4) Erin Anderson	1.00	^		Λ				0.	0.	·
Vice-Chair	1.00	x		Х				0.	0.	0.
(5) Janet Newberg	1.00								<u> </u>	
Treasurer		x		х				0.	0.	0.
(6) Katie Tedson	1.00									
Secretary		Х		х				0.	0.	0.
(7) Eric Chien	1.00									
Director		Х						0.	0.	0.
(8) Robert Craggs	1.00									
Director		Х						0.	0.	0.
(9) Brett Emmons	1.00									
Director		Х						0.	0.	0.
(10) Vern Fish	1.00									
Director		Х						0.	0.	0.
(11) Mary Hilfiker	1.00							_	_	_
Director		Х						0.	0.	0.
(12) Liz McAllister	1.00								•	•
Director	1 00	Х						0.	0.	0.
(13) Shirley Nordrum	1.00	l							•	
Director	1 00	Х						0.	0.	0.
(14) Troy Rosenbrook	1.00	,,							0	•
Director	1 00	Х						0.	0.	0.
(15) Nick Sannito	1.00	Х							0	0
Director	1.00	^			_			0.	0.	0.
(16) Justin Tomljanovic Director	1.00	Х						0.	0.	0.
(17) Stephanie Stein	1.00	<u> </u>			 	\vdash	-	0.	0.	. .
Director	1.00	Х						0.	0.	0.
<u> </u>		22							0.	- 000

Page 8

(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average Position (do not check more than					one	Reportable	Reportable		Es	timate	ed	
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensatio	n	an	nount	of
	week	\vdash	cer ar	nd a di	irecto	or/trus	tee)	from	from related	t		other	
	(list any	director						the	organization			pensa	
	hours for related	or di	æ			ated		organization	(W-2/1099-MIS			om the	
	organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relati	
	below	lualtr	tional		yoldı	st con	_	1099-NEC)				anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5,9		J. 10
(18) Yordi Solomone	1.00	╘	Ť			- e	╚						
Director		x						0.		0.			0.
(19) Michael Wulf	1.00												
Director		X						0.		0.			0.
		1											
1b Subtotal							>	261,913.		0.	2	7,6	
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								261,913.		0.	2	7,6	00.
2 Total number of individuals (including but	not limited to the	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			_
compensation from the organization												\ \ \ \ \	. 2
												Yes	No
3 Did the organization list any former office		,	key e	empl	loye	e, o	hig	ghest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the	•							-	•			77	
and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive o	•				•		elat	•			_		Х
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedul	e J i	or s	uch į	pers	son .					5		
<u> </u>	omponosta d !	do-	and -	nt -	02±	ro c±) ro 1	that raceived many them	\$100,000 -1	202	otio- 1	rom	
1 Complete this table for your five highest of the organization. Report compensation for		-								pens	auon 1	10111	
the organization. Report compensation to (A)	u ine calellual y	cal	cııul	ng w	viti I	OI W	iu III	n the organization's tax (B)	year.		(0	.)	
Name and busines	s address	N	ІИС	3				Description of s	services	C	ى) ompe		n
		-11	1 1	_			\dashv	,					
							\dashv						
							┪						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga						0		,					
											Гокт		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 2,566,120. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 284,864. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ ▶ 2,850,984. h Total. Add lines 1a-1f . **Business Code** 900099 6,511,159.6,511,159. 2 a Partner Support Program Service Revenue f All other program service revenue 6,511,159. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18,303. 18,303. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 6,500. 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses 6,500. c Gain or (loss) ______7c 6,500. 6,500. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Covid Tax Credits 900099 28,685. 28,685. b Other Revenue 900099 230. 230. С d All other revenue 28,915. e Total. Add lines 11a-11d 415,861.6,511,159. Total revenue. See instructions 12

Part IX Statement of Functional Expenses

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	
Da	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	289,513.	175,520.	105,622.	8,371.
6	trustees, and key employees	205,515	173,320.	103,022	0,371.
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(a)(2)(D)				
7	Other salaries and wages	1,864,751.	1,144,604.	663,018.	57,129.
8	Pension plan accruals and contributions (include	_,	_,,	,	- , , ,
3	section 401(k) and 403(b) employer contributions)	82,031.	43,853.	37,148.	1,030.
9	Other employee benefits	187,371.	100,165.	84,853.	2,353.
10	Payroll taxes	154,799.	95,017.	55,040.	4,742.
11	Fees for services (nonemployees):	,			<u> </u>
	Management				
	Legal	2,434.		2,434.	
	Accounting	53,268.		53,268.	
	Lobbying	12,000.		12,000.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	94,112.	26,611.	67,501.	
12	Advertising and promotion	16,593.	1,391.	15,202.	
13	Office expenses	18,269.	10,484.	7,632.	153.
14	Information technology	96,528.		96,528.	
15	Royalties		100 001		
16	Occupancy	273,212.	132,934.	140,278.	
17	Travel	13,901.	8,010.	5,891.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	91,857.	52,719.	38,370.	768.
22	Depreciation, depletion, and amortization	151,089.	143,373.	7,716.	/00.
23	Insurance Other expenses. Itemize expenses not covered	131,009.	143,3/3.	1,110.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) CM Living Allowances an	3,484,895.	3,484,119.	776.	
a h	Fleet, Communications,	933,232.	922,441.	10,791.	
a	Program Food and Camp S	732,671.	732,505.	166.	
4	Recruitment	73,105.	72,302.	558.	245.
u A	All other expenses	44,267.	8,293.	34,348.	1,626.
25	Total functional expenses. Add lines 1 through 24e	8,669,898.	7,154,341.	1,439,140.	76,417.
26	Joint costs. Complete this line only if the organization	2,302,0200	., , ,	_,,,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.10.00.01		L		Earm 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			836,187.	1	760,068.
	2	Savings and temporary cash investments	3,087,779.	2	3,702,220.		
	3	Pledges and grants receivable, net		22,500.	3	32,500.	
	4	Accounts receivable, net		823,567.	4	1,111,538.	
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			139,537.	9	107,535.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	905,584.			
	b	Less: accumulated depreciation	10b	739,398.	213,504.	10c	166,186.
	11	Investments - publicly traded securities			663,495.	11	641,189.
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,921.	15	1,921.		
	16	Total assets. Add lines 1 through 15 (must equal	line 33	3)	5,788,490.	16	6,523,157.
	17	Accounts payable and accrued expenses		288,433.	17	307,916.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	f Schedule D		21		
es	22	Loans and other payables to any current or former	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	intial co	ontributor, or 35%			
jab		controlled entity or family member of any of these	perso	ns		22	
_	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			200 422	25	207 016
	26	Total liabilities. Add lines 17 through 25			288,433.	26	307,916.
S		Organizations that follow FASB ASC 958, chec	k here	► X			
nce		and complete lines 27, 28, 32, and 33.			A 657 110		E 202 267
ala	27	Net assets without donor restrictions			4,657,110. 842,947.	27	5,202,367. 1,012,874.
Б	28	Net assets with donor restrictions			044,947.	28	1,012,074.
ᆵ		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 📖			
ō		and complete lines 29 through 33.			-		
ets	29	Capital stock or trust principal, or current funds		29			
SS	30	Paid-in or capital surplus, or land, building, or equ			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		5,500,057.	31	6,215,241.	
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			5,788,490.	33	6,523,157.

Form **990** (2021)

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Page		_
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Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,66		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,50		
5	Net unrealized gains (losses) on investments	5	-3	0,7	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,21	5,2	41.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·····	3b	Х	

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Conservation Corps 41-1881102 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2349161.	2107351.	2547291.	2714931.	2850984.	12569718.
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	0240161	0100001	0545001	0714021	0050004	10560510
	Total. Add lines 1 through 3	2349161.	2107351.	2547291.	2714931.	2850984.	12569718.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						12569718.
	Public support. Subtract line 5 from line 4.						12309/10.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Amounts from line 4	2349161.	(b) 2018 2107351.	(c) 2019 2547291.	2714931.	(e) 2021 2850984	(f) Total 12569718.
	Gross income from interest,	23431010	2107331.	2347231.	27113310	2030304.	12303710.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,979.	15,678.	27,473.	18,595.	18,303.	85,028.
9	Net income from unrelated business						00,020
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	75.	2,223.	4,445.	1171782.	28,915.	1207440.
11	Total support. Add lines 7 through 10						13862186.
12		etc. (see instructi	ons)			12 30	,859,651.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (ine 6, column (f), c	divided by line 11,	column (f))		14	90.68 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.58 %
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the		•		•		
40	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	pox on line 13, 16;	a. 160. 1/a. 01 1/b	 cneck this box a 	ına see instructior	ıs 🗩 l

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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	00		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
عاديا	Δ (Forr	n 000	2021

Par	t IV	Supporting Organizations (continued)			
		, common,		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		,		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a quali	fying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
8 Mii	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
	ter 0.85 of line 1.	2		
	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 Conservation			4	1-1881102 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anızatıons _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2021

Open to Public

Inspection

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

		01(c)(4), (5), or (6) organiza	tions: Complete Part III.		T=	
Name	e of orga				Empl	oyer identification number
			ation Corps			41-1881102
Pai	rt I-A	Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Political of	campaign activity expendit	cation's direct and indirect politic ures gn activities		▶ \$	
Pai	rt I-B	Complete if the org	janization is exempt und	ler section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955	▶\$	
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV.				
Pai	rt I-C	Complete if the org	janization is exempt und	ler section 501(c),	except section 501(c)(3).
1	Enter the	amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities > \$	
2	Enter the	amount of the filing organ	ization's funds contributed to ot	her organizations for se	ction 527	
			s. Add lines 1 and 2. Enter here a			
	line 17b				 ▶\$	
			1120-POL for this year?			
	made pa contribut	yments. For each organiza ions received that were pr	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also enter thanization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

4-Year Averaging Period Under Section 501(h)

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

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

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	614,213.	577,078.	455,286.	507,717.	2,154,294.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,231,441.
c Total lobbying expenditures	24,000.	16,000.	14,000.	12,000.	66,000.
d Grassroots nontaxable amount	153,553.	144,270.	113,822.	126,929.	538,574.
e Grassroots ceiling amount (150% of line 2d, column (e))					807,861.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

0.

0.

Yes

No

Schedule C (Form 990) 2021 Conservation Corps 41-188110 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)	
of the lobbying activity.					Amount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection		
	501(c)(6).	o oo . (o),	(0), 0. 0.	, c		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t					
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), secti			ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polities expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
c	Total		l _			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Pai	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1	and 2 (See		
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Conservation Corps

Employer identification number 41-1881102

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts.Complete if the
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	······································	Yes No_
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	o antinfo the conscionments of anotice 170	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8			
0	and section 170(h)(4)(B)(ii)?		
9	,	•	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's illiancial statem	ients that describes the
Par		f Art. Historical Treasures. or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. e
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2021 Conserva	tion Corps			41-	188110	2 P:	age 2
	rt III Organizations Maintaining Co		istorical Treasu	res, or Oth				
3	Using the organization's acquisition, accessio	n, and other records, ch	eck any of the follow	ing that make	significant use o	of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗆	Loan or exchange	program				
b	Scholarly research	е 🗆	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain how	v they further the org	anization's exe	empt purpose in	Part XIII.		
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai					Yes		No
Pai	t IV Escrow and Custodial Arrang					t IV. line 9. o	r	
	reported an amount on Form 990, Part		3			,, -		
1a	Is the organization an agent, trustee, custodia		for contributions or o	ther assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a					. ——		
-			.g 14.5.51			Amoun	t	
С	Beginning balance				1c			
d	Additions during the year							
- -	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	•		֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	t V Endowment Funds. Complete if							
		<u> </u>			(d) Three years b	ack (e) Fou	r vears	back
1a	Beginning of year balance	(-,	(-)	,	(,	(-/		
h	Contributions							
6	Net investment earnings, gains, and losses							
4	Grants or scholarships							
u	Other expenditures for facilities							
E	. '							
	and programs							
	Administrative expenses							
g	End of year balance Provide the estimated percentage of the curre	ant year and halance (lin	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d oo:				
2		ent year end balance (iin	e rg, column (a)) nek	1 as.				
a	Board designated or quasi-endowment							
D	Permanent endowment	<u></u> %						
С	Term endowment							
0-	The percentages on lines 2a, 2b, and 2c shou		414					
за	Are there endowment funds not in the posses	sion of the organization	that are neld and ad	ministered for	tne organization		Yes	No
	by:					a 11	162	NO
	(i) Unrelated organizations					3a(i)		
_	(ii) Related organizations					3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organizat					3b		
4 Do:	Describe in Part XIII the intended uses of the		nt funds.					
Pai	t VI Land, Buildings, and Equipme		4 N / Page 44 0 5	000 5 : : :	/ lin = 40			
	Complete if the organization answered		1	1		1 .	_	
	Description of property	(a) Cost or other	(b) Cost or oth	ner (c) A	ccumulated	(d) Boo	k valu	е

			<u> </u>			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements		1,306.	1,045.	261.		
d Equipment		805,259.	665,600.	139,659.		
e Other		99,019.	72,753.	26,266.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Conservatio	n Corps	41	-1881102 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H) Total (Col. (h) must equal Form 000, Part V. col. (P) line 12)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(b) Book value	(c) morned or valuation. Cook of one	a or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
	on Form 000 Port IV line	11a av 11f Can Farm 000 Dart V line 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(7) (8)

Sche	dule D (Form 990) 2021 Conservation Corps	41-	1881102 Page
_	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	9,385,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 30,779		
	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-30,779
3	Subtract line 2e from line 1	3	9,415,861
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,415,861
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,669,898
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,669,898
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,669,898
Pa	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	e 4; Part	X, line 2; Part XI,

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Conservation Corps

Employer identification number 41-1881102

	conservation corps	41-100110			
Pa	art I Questions Regarding Compensation				
			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for person	al use			
	Travel for companions Payments for business use of personal res	idence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur	r, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee X Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation co	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization:				
а		4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х	
	Participate in or receive payment from an equity-based compensation arrangement?			X	
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	The second of the end of the persons and provide the applicable afficience for each term in a citi.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
•	contingent on the revenues of:				
а	The organization?	5a		Х	
	Any related organization?			Х	
-	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
•	contingent on the net earnings of:				
а	The organization?	6a		Х	
	Any related organization?			X	
	If "Yes" on line 6a or 6b, describe in Part III.			_	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
9		9			
	Regulations section 53.4958-6(c)?	9	1		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensati (B)(i)-(D) in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	·	ompensation		reported as deferred on prior Form 990
(1) Mark Murphy	(i)	151,740.	0.	0.	6,070.	10,333.	168,143.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Conservation Corps

 $\begin{array}{c} \text{Employer identification number} \\ 41-1881102 \end{array}$

Form 990, Part I, Line 1, Description of Organization Mission:
meaningful service, leadership development, and environmental
stewardship.
Form 990, Part III, Line 1, Description of Organization Mission:
in career and life, and is empowered to make a difference in conserving
natural resources.
Form 990, Part III, Line 4a, Program Service Accomplishments:
wildfire suppression, defensive driving, chainsaw safety and first aid.
Form 990, Part III, Line 4b, Program Service Accomplishments:
insurance, and an education award for college expenses.
Form 990, Part III, Line 4c, Program Service Accomplishments:
shrubs, removed 650 pounds of debris, and engaged in 5,873 hours of
training. Youth participants earn an hourly wage. AmeriCorps members
receive a monthly stipend, health insurance and an education award for
college expenses. In addition to career and work-skills training,
members receive certifications in wildfire suppression, defensive
driving, chainsaw safety and first aid.
Form 990, Part III, Line 4d, Other Program Services:
Single placement opportunities for AmeriCorps members engage young
adults, ages 18 to 25, in natural resource, energy conservation,

community outreach and emergency response work. In 2021, 15

Schedule O (Form 990) 2021 Page **2**

Name of the organization Conservation Corps

Employer identification number 41-1881102

participants served terms on special projects with a variety of land
management agencies and nonprofits; and 6 served summer terms

completing natural resource projects. AmeriCorps members dedicated a

total 22,051 hours of service and training. Corps members planted 8,259

native trees and shrubs, conducted digital mapping and data collection

on 17,524 acres, collected 568 water quality samples, conducted 373

user surveys, and provided education to 2,274 people. AmeriCorps

members receive a monthly stipend, health insurance, and an education

award for college expenses.

Increasing Diversity in Environmental Careers (IDEC) engages college students pursuing STEM degrees who are interested in a career in natural resources. The program specifically seeks to engage students from backgrounds typically underrepresented in natural resource careers, including women, people of color, and individuals with disabilities. Through partnership between the Conservation Corps, the Minnesota Pollution Control Agency, the Minnesota Board of Water and Soil Resources and the Minnesota Department of Natural Resources, students participate in a fellowship, mentorship and paid internship.

In 2021, 12 students joined the third cohort. Students gathered with Conservation Corps and Minnesota Department of Natural Resources staff for orientation, met one-on-one with staff to discuss academic and career goals and completed a workshop on effective communication skills. 43 students received a fellowship payment to support academic expenses for the fall 2021 semester.

Expenses \$ 664,844. including grants of \$ 0. Revenue \$ 434,699.

Form 990, Part VI, Section B, line 11b:

Form 990 information is provided by Conservation Corps to our public

Name of the organization

Conservation Corps

Employer identification number 41-1881102

accounting firm prior to the annual audit. The firm completes the Form 990 and presents the organization with a draft, which is reviewed by the staff, finance committee, and board of directors. When the Form 990 is approved by the board of directors, the Form 990 is then filed.

Form 990, Part VI, Section B, Line 12c:

Conservation Corps maintains a conflict of interest & gift policy that covers all employees and board members who can influence the actions of Conservation Corps. This includes all who make purchasing decisions, all persons who might be described as "management personnel" and any one who has proprietary information concerning Conservation Corps.All staff and board members complete and sign a conflict of interest disclosure statement and a gift policy and disclosure form (1) at point of hire/accession to the board of directors and (2) annually each calendar year. These questionnaires are reviewed by Human Resources if answers provided on the conflict of interest disclosure statement or gift policy disclosure form reveal a potential conflict, disclosure is to be provided to the executive director, or if he/she is the one with the conflict, then to the Board Chair, who shall bring the matter to the attention of the board. Disclosure involving directors should be made to the Board Chair, or if he/she is the one with the conflict, then to the board vice-chair who shall bring these matters to the board. The board or duly constituted committee thereof shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to Conservation Corps. The decision of the board on these matters will rest in their sole discretion, and their concern must be the welfare of conservation corps and the advancement of its purpose. Transactions with parties with whom a conflict of interest

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** Conservation Corps 41-1881102 exists may be undertaken only if all of the following are observed: (1) the conflict of interest is fully disclosed, (2) the person with the conflict of interest is excluded from the discussion and approval of such transaction, (3) a competitive bid or comparable valuation exists, and (4) the board has determined that the transaction is in the best interest of Conservation Corps. Form 990, Part VI, Section B, Line 15a: All board members are volunteers, therefore they receive no compensation. The Executive Director's compensation is reviewed on an annual basis by the board. The board uses the Minnesota nonprofit salary and benefits survey, published by the Minnesota Council of Nonprofits, to determine comparable compensation. Officers of the organization have a review on an annual basis. The Executive Director approves all compensation adjustments and the board approves the overall compensation for the organization during the budget process. Form 990, Part VI, Section C, Line 19: Conservation Corps makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990, Part XII, Line 2C There has been no change in the process in the current year.