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UHY Advisors Mid-Atlantic MD, Inc. 8601 Robert Fulton Drive Suite 210 Columbia, MD 21046 Phone: 410-720-5220 Fax: 410-381-2524

November 17, 2023

Conservation Council of Nations 1200 Potomac St NW WASHINGTON, DC 20007

Conservation Council of Nations:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

We have completed the return(s) in accordance with the scope and terms of the engagement letter. The return(s) were completed from information you furnished to us. We have not audited or otherwise verified the data you submitted, although we may have asked you to clarify some of the information.

All of the information you submitted to us was, to the best of your knowledge, correct and complete and included all income, deductions, and other data necessary for the preparation of your income tax return(s). You are responsible for keeping the necessary records to support the information within your return(s). It is important that you review your records to ensure that you have the documentation for these income and expense items. If you find that the documentation is incomplete or incorrect, please notify our office to discuss the propriety of amending these returns.

Enclosed are any original documents that you may have provided to us for the preparation of your returns. We may have retained copies of some or all of the documents, but you should maintain all of the original documents and records to support your return.

Your return(s), of course, are subject to review by the taxing authorities. Any items resolved against you are subject to certain rights of appeal. In the event of any examination, we will be available to represent you as a separate engagement.

The Internal Revenue Code and states provides for numerous penalties. They include penalty for omitting income, failure to file informational returns (such as 1099's or various reporting requirements related to foreign activities), substantial underpayment of tax liability and numerous others. The taxing authorities have indicated they will assess penalties vigorously. Please contact us if you believe that there are any additional filings required that have not been prepared.

The <u>FILING INSTRUCTIONS</u>, which are included with each return, provide information on how to file your return, the due date of the return, and the amount of your refund or amounts due.

Please review the return(s) prior to filing with the taxing authority. Should you have any questions regarding the return(s), please contact us.

You should retain a copy of the return(s) for your files.

We sincerely appreciate the opportunity to work with you, and we look forward to our continued relationship.

Very truly yours,

Katsiaryna Vasiliev

### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2022

Prepared Fo	r:
	Conservation Council of Nations 1200 Potomac St NW WASHINGTON, DC 20007
Prepared By	r:
	UHY Advisors Mid-Atlantic MD, Inc. 8601 Robert Fulton Drive, Suite 210 Columbia, MD 21046
Amount Due	or Refund:
	Not applicable
Make Check	Payable To:
	Not applicable
Mail Tax Ref	turn and Check (if applicable) To:
	Not applicable
Return Must	be Mailed On or Before:

#### Special Instructions:

Not applicable

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

## Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*

#### Return of Organization Exempt From Income Tax

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

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

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

2022
Open to Public

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CONSERVATION COUNCIL OF NATIONS Name Ichange 27-3152104 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1200 POTOMAC ST NW 2024714222 2,706,119. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 20007 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID BARRON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions INTERNATIONAL CONSERVATION.ORG **H(c)** Group exemption number **K** Form of organization: **X** Corporation Other Year of formation: 2010 M State of legal domicile: VA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD AND MAINTAIN THE Activities & Governance WORLD'S STRONGEST NETWORK OF POLICYMAKERS, CORPORATIONS, AND NGO'S 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 <del>13</del> Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 41 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** 2,964,374 2,698,077. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 826. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,042. 11 2,706,119 2,965,200. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,454,789. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,361,172. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,010,352. 1,721,377. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,082<u>,</u>549. 2,465,141. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 500,059. -376,430.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** Ы 937,905. 1,445,210. 20 Total assets (Part X, line 16) 473,457. 1,357,192. 21 Total liabilities (Part X, line 26) 464.448. 88,018 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVID BARRON CHAIRMAN Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/17/23 if self-employed P02167272 KATSIARYNA VASILIEV Paid KATSIARYNA VASILIEV UHY ADVISORS MID-ATLANTIC MD, INC. Firm's EIN 26-0794367 Preparer Firm's name Firm's address 8601 ROBERT FULTON DRIVE, SUITE 210 Use Only Phone no. 410 - 720 - 5220COLUMBIA, MD 21046

X Yes

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

Pa	t III Statement of Program	-		
		a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mi	ission: AIN THE WORLD'S STRONGES	TO NETWOOD OF DOLLOWS	VEDC
		NGO'S TO PROMOTE THE EFF		
		AND EFFECTIVE TRANSNATIO		
2	Did the organization undertake any s	ignificant program services during the year whi	ch were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services			
3	Did the organization cease conducting	ng, or make significant changes in how it condu	ıcts, any program services?	Yes X No
	If "Yes," describe these changes on \$	Schedule O.		
4		service accomplishments for each of its three l		=
		izations are required to report the amount of gr	ants and allocations to others, the total ex	xpenses, and
	revenue, if any, for each program ser			
4a		2,729,294. including grants of \$ NAL ACTIVITIES ON IMPORT		)
		RICA AND LATIN AMERICA;		
		ERVATION CAUCUSES IN SEV		
		ORGANIZED INTERNATIONAL		
		JSES, MEMBERS OF THE JUD		
		; AND EXPANDED MULTILATE		
		TH OTHER CAUCUSES GLOBA		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	-			
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on	Schedule () )		
Tu	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	2,729,294.	, thevenue w	
	Total program out vioc expenses			- 000 (

# Form 990 (2022) CONSERVATION COUNCIL 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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	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	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b> </b> ₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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,	<b>_</b> _		<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del>`</del> _		<del></del>
		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del> </del>
ıIJ	,	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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			<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2022) CONSERVATION COUNCIL
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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			
	, ,	25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ <u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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>	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

022) CONSERVATION COUNCIL OF NATIONS

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
11	Section 501(c)(12) organizations. Enter:	[ 100 ]			
	Gross income from members or shareholders	11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	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		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the executation reading any manufacture for indeed to be a series of the services of the services.		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	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

Form 990 (2022) CONSERVATION COUNCIL OF NATIONS 27-3152104 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	7 🖳								
	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3										
_	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		X						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>								
	more members of the governing body?	7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74								
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5								
	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21							
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21						
000	tion B. I offoloo (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No						
100	Did the examination have lead charters branches or affiliates?	10a	163	X						
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		-21						
D		10b								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<i>1</i> 1							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		Х						
40	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Λ							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		X						
	The organization's CEO, Executive Director, or top management official	15a		X						
D	Other officers or key employees of the organization	15b		Λ						
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X						
	taxable entity during the year?	16a		Λ						
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
500	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE	\ \								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	is only)	avallat	ле						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the conflict of interest policy is a conflict of interest policy.	id finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	BILLY LAWRENCE - 202-471-4222 1200 POTOMAC STREET, WASHINGTON, DC 20007									

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	T arry related	orga	nıza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss person is both an and a director/trustee)			an tee)	compensation	compensation	amount of
	week					1	,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	шрег		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	 	oldma	est cc oyee	er	,		organizations
	line)	Ingi	Insti	Offlicer	Key (	Highest compensated employee	Former			
(1) JOHN B. GANTT, JR.	10.00									
PRESIDENT OF ICCF AND CEO OF CCN	40.00			X				106,240.	215,000.	60,998.
(2) DAVID H. BARRON	40.00									
CHAIRMAN	10.00	Х		X				240,979.	56,521.	18,512.
(3) SUSAN H. LYLIS	10.00									
VICE PRESIDENT	40.00	Х		X				75,740.	139,260.	25,368.
(4) FRED BRIZZI	30.00									
DIRECTOR OF COMMUNICATION	10.00					Х		117,883.	42,117.	6,400.
(5) TODD KOENINGS	40.00					l		122 222		24 4 2 2
DIRECTOR OF INTERNATIONAL CONSERVATI						Х		130,000.	0.	31,100.
(6) ROBERT MIDDLEBROOKS	40.00							106 605	06 605	0 000
FINANCE DIRECTOR	10.00					Х		106,625.	26,625.	8,088.
(7) CLARE S. FALCONE	40.00	,,						00 500	20 250	4 250
SECRETARY	10.00	Х		X				80,500.	28,250.	4,350.
(8) JAIME CAVELIER	30.00							00 067	00 700	_
VICE PRESIDENT OF STRATEGIC PARTNERS						Х		88,267.	23,733.	0.
(9) DONNELL OCKER	10.00					37		20 001	00 000	_
DEVELOPMENT DIRECTOR	0.15					Х		20,001.	80,000.	0.
(10) HIH ERMIAS SAHLE SELASSIE DIRECTOR	0.15	Х						0.	0.	0.
(11) WILLIAM H BENNETT	0.15	^						0.	0.	· ·
DIRECTOR	0.13	Х						0.	0.	0.
(12) WILLIAM STIERS	0.15	^						0.	0.	<u></u>
DIRECTOR	0.13	Х						0.	0.	0.
(13) ZACHARY I. MANIS	0.15							0.	0.	<u> </u>
DIRECTOR	0.13	х						0.	0.	0.
<u> </u>								0.	<u> </u>	<u>.</u>
	1									
		1								
		1								
		1								

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Continued   Cont									
hours per week (list any bours for									
week officer and a director/trustee) from from related other (list any lours for the l									
(list any bours for bours for a superior time and the companizations compensation are the companizations compensation are the companizations are the companization are th									
hours for related organizations below line)    Delow line   Delow line									
related organizations below line)									
below line)   Individual to line   Individual to li									
line)   Individual   Individual									
1b Subtotal 966,235. 611,506. 1									
c Total from continuation sheets to Part VII, Section A 0 0									
d Total (add lines 1b and 1c) 966, 235. 611, 506. 154, 816									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable									
compensation from the organization Yes N									
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on									
line 1a? If "Yes," complete Schedule J for such individual									
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization									
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services									
rendered to the organization? If "Yes." complete Schedule J for such person									
Section B. Independent Contractors									
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from									
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)									
Name and business address Description of services Compensation									
JOHN GANTT MANAGEMENT AND									
800 DOLLEY MADISON BLVD, MCLEAN, VA 22101 PROGRAMATIC SERVICES 106,240									
2 Total number of independent contractors (including but not limited to those listed above) who received more than									

Form 990 (2022) CONSERVATION COUNCIL
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respo	onse d	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
	_				1.1						000110110 0 12 0 1 1
nts			Federated campaigns								
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
			Fundraising events								
		d	Related organizations		1d		245,000.				
s, (		е	Government grants (contri	butio	ons) <b>1e</b>		787,526.				
Sign		f	All other contributions, gifts, g	grants	s, and						
the th			similar amounts not included	abov	e   <b>1f</b>	1,	665,551.				
Ē		g	Noncash contributions included in li								
S S		_	Total. Add lines 1a-1f					2,698,077.			
							Business Code	,			
	2	2									
<u>ÿ</u>											
e P		b									
n S		С.									
ga Be		d									
Program Service Revenue		е									
<u>-</u>			All other program service r								
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ing c	dividends, i	ntere	st, and				
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
					(i) Rea	l	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	·····	(i) Securi		(ii) Other				
	′	a			(i) Occur		(ii) Otrici				
			assets other than inventory	7a							
		D	Less: cost or other basis								
ᆲ			and sales expenses								
š			Gain or (loss)								
her Revenue			Net gain or (loss)								
þe	8	а	Gross income from fundraisin	ig eve	ents (not						
ᅙ			including \$		of						
		contributions reported on line 1c). See									
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from f	undr	raising eve	nts					
	9	а	Gross income from gaming	g act	ivities. See	,					
			Part IV, line 19			9a					
		b	Less: direct expenses								
			Net income or (loss) from (			_					
			Gross sales of inventory, le			Ĭ					
		u	and allowances			10a					
		h				10a					
			Less: cost of goods sold								
		C	Net income or (loss) from s	sales	or invento	ту	Business Code				
S I		_	OTHER REVENUE				900099	8,042.			8,042.
eo e	11						900099	0,042.			0,042.
llar ren		b									
Miscellaneous Revenue		C	All alla accessor								
Ĕ			All other revenue				L	8,042.			
		е	Total Add lines 11a-11d					2,706,119.	0.	0.	8,042.
_	12		Total revenue. See instructio	115				<u>~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1 0.	ı	0,044.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 527,415. 445,072. 82,343. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 692,651. 539,560. 133,091. 20,000. Other salaries and wages 7 Pension plan accruals and contributions (include 13,606. 10,298. 3,308. section 401(k) and 403(b) employer contributions) 51,560. 10,585. 39,193. 1,782. Other employee benefits ..... 9 75,940. 59,233. 15,189. 1,518. 10 Payroll taxes Fees for services (nonemployees): Management 25,191. 25,191. Legal 13,440. 13,440. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 763,732. 742,932. 20,800. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 52,675. 45,082. 7,353. 240. 13 Office expenses Information technology 14 15 Royalties 18,677. 18,677. 16 Occupancy 530,349. 521,334. 9,015. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 247,133. 2,543. 249,676. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22  $6,\overline{641}$ 21,738. 15,097. 23 ..... Other expenses. Itemize expenses not covered 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 O.) 45,899. 216. COMMUNICATIONS 45,683. All other expenses 329,715. 3,082,549. 2,729,294. 23,540. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

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			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		647,213.	1	298,638
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		283,620.	3	1,133,247
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
κ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Duran sid some server and defermed also server		7,072.	9	13,325
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	ne 11		12	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		937,905.	16	1,445,210
	17	Accounts payable and accrued expenses		143,305.	17	233,812
	18	Grants payable			18	
	19	Deferred revenue		77,541.	19	755,576
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or f	ormer officer, director,			
Ě		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of			22	
_	23	Secured mortgages and notes payable to un		405 504	23	
	24	Unsecured notes and loans payable to unrela		137,521.	24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on li	ines 17-24). Complete Part X	115 000		267 004
				115,090.		367,804
	26	Total liabilities. Add lines 17 through 25	<b>v</b>	473,457.	26	1,357,192
s		Organizations that follow FASB ASC 958,	check here X			
uce	07	and complete lines 27, 28, 32, and 33.		50,456.	07	50,069
<u>a</u>	27			413,992.	27	37,949
Ö	28	Net assets with donor restrictions		413,334.	28	37,343
ڃ		Organizations that do not follow FASB AS	C 958, cneck nere			
<u>.</u>		and complete lines 29 through 33.	a da		20	
ts	29	Capital stock or trust principal, or current fur			29	
SSE	30	Paid-in or capital surplus, or land, building, o			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		464,448.	31	QQ N1Q
ž	32			937,905.	32	88,018 1,445,210
	33	Total liabilities and net assets/fund balances		331,303.	33	Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,70	5,1	<u>19.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,08						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments								
6									
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	8	8,0	18.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		ı				

#### **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.

2022

OMB No. 1545-0047

Open to Public

Name of the organization

CONSERVATION COUNCIL OF NATIONS

Employer identification number

27-3152104 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1391851.	1465312.	2047191.	2964374.	2698077.	10566805.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1391851.	1465312.	2047191.	2964374.	2698077.	10566805.
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)						256,974.
6	Public support. Subtract line 5 from line 4.						10309831.
	tion B. Total Support				Γ		Т
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1391851.	1465312.	2047191.	2964374.	2698077.	10566805.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				826.	8,042.	8,868.
	assets (Explain in Part VI.)				020.		10575673.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga inatmustia	ma)			12	<u>μυστσυτσ•</u>
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth or fifth tax v			-
13	organization, check this box and <b>stor</b>						
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (fl)		14	97.49 %
	Public support percentage from 2021					15	99.99 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	t <b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

#### 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	etion A. Public Support	clow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,					,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(6)	
14	First 5 years. If the Form 990 is for the	· ·			•		· —
Sec	check this box and stop here etion C. Computation of Publi						
	•			actumen (fl)		15	0/
	Public support percentage for 2022 (I Public support percentage from 2021		•	.,,		16	<u>%</u>
	tion D. Computation of Inves					101	90
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from	•	***	(1)		18	<u> </u>
	33 1/3% support tests - 2022. If the						
. <b>.</b> u	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	-	-	•	• •		
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
JD.		
_		
3с		
4a		
4b		
15		
4c		
5a		
Sa		
5b		
5c		
6		
J		
_		
7		
8		
9a		
54		
ΛĿ		
9b		
9с		
10a		
10b		
IUU	1	1

Par	t IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		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 fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion E	3. 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 <b>Part VI</b> 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			
		orted 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	If how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac:	the su	pported organization(s).  D. All Type III Supporting Organizations	1		
000		7. All Type III Supporting Organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		res	INO
•		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			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec		E. 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 year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	· .	
2		ties 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			
		upported 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,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If 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		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		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	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

		OL MAI		17 JIJZIU4 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continue</sub>	d)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		9		
10					
Secti	Section E - Distribution Allocations (see instructions)  (i)  (ii)  Underdistribution Pre-2022				(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CONSERVATION COUNCIL OF NATIONS

**Employer identification number** 

27-3152104

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### CONSERVATION COUNCIL OF NATIONS

27-3152104

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$1,024,782. 	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2		\$507,992. 	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3		\$110,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
4		\$125,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Traine, address, and EIF T T	\$137,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6 6	Name, audiess, and ZIP + 4	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

#### CONSERVATION COUNCIL OF NATIONS

27-3152104

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>261,253.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 95,254.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### CONSERVATION COUNCIL OF NATIONS

27-3152104

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 27-3152104 CONSERVATION COUNCIL OF NATIONS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

OF NATIONS CONSERVATION COUNCIL

**Employer identification number** 27-3152104

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	Organization answered Tes Offronti 990, Partiv, iii	(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 v		ised 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 o		
_	impermissible private benefit?		Yes No
Pai	TII Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	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		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<del></del>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
•			0/(-\/4\/D\/°)
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stater	nents that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	· · ·	, and a small / 1000101
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 pub	·	
	service, provide in Part XIII the text of the footnote to its finar	,	•
h	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		\$
			<u> </u>
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		<b>3</b> 9 E
а	Revenue included on Form 990, Part VIII, line 1		\$
			•

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other						
	otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y. column (R), line 10c.)					

Schedule D (Form 990) 2022

Schedule D	) (Form 990) 2022	CONSERVATION	N COUNCIL	OF	NATIONS	27-3152104 Page 3
Part VII		Other Securities.				·
	Complete if the or	ganization answered "Yes"	on Form 990, Part I	V, line	11b. See Form 990, Part	X, line 12.
(a) Descrip	otion of security or cate	egory (including name of security)	(b) Book value	9	(c) Method of valuat	ion: Cost or end-of-year market value
(1) Financi	al derivatives					
(2) Closely		s				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
		90, Part X, col. (B) line 12.)				
Part VIII		Program Related.				
		ganization answered "Yes"				
	(a) Description o	f investment	(b) Book value	e	(c) Method of valuat	ion: Cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		90, Part X, col. (B) line 13.)				
Part IX	Other Assets.		5 000 B . II		44.1.0 5 000.5 11	V 11 - 45
	Complete if the or	ganization answered "Yes"		v, iine	11d. See Form 990, Part 2	
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	uman (la) may sat a suy sal F	Form 990, Part X, col. (B) line	15 \			
Part X	Other Liabiliti		15.)			
· uiti		ganization answered "Yes"	on Form 990. Part IV	V. line	11e or 11f. See Form 990	Part X. line 25.
1	<u> </u>	Description of liability		.,		(b) Book value
1. (1) Foo	deral income taxes	occompaint of madmity				(a) Book value
	JE TO RELAT	TED PARTY				367,804.
	DE TO RELEASE	LD IIIKII				301,001
(3)						
(5)						
(6)						
(7)						
(8)						
(0)						

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

367,804.

Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	J
	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	2,706,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,706,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	omonto With Even	5	2,706,119.
Pal	rt XII Reconciliation of Expenses per Audited Financial Stat	=	nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1	2 000 540
1	Total expenses and losses per audited financial statements		1	3,082,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	,		0.	0
_	Add lines 2a through 2d			3,082,549.
3	Subtract line 2e from line 1		3	3,002,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b	·	4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18.			3,082,549.
	rt XIII Supplemental Information.	,		3,002,013
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X	x, line 2; Part XI,
PAI	RT X, LINE 2:			
NO	PROVISION FOR INCOME TAXES IS REQUIRED	AS OF DECEMBE	ER 31, 2022	2, SINCE
THE	E COUNCIL HAD NO UNRELATED BUSINESS INCO	ME DURING THE	E YEAR. MAN	NAGEMENT
ANI	NUALLY REVIEWS ITS TAX POSITIONS AND HAS	DETERMINED 7	THAT THERE	ARE NO
UNC	CERTAIN TAX POSITIONS THAT ARE MATERIAL	TO THE FINANC	CIAL STATEN	MENTS.

# SCHEDULE F (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

CONSERVATION COUNCIL OF NATIONS 27-3152104 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	<del>-</del>	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	United States.					
3				n be duplicated if additional space is n	·	I
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
		in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
		in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			in the region
	TRAL AMERICA AND					
	CARIBBEAN -					
	IGUA & BARBUDA,					
	BA, BAHAMAS,	0	1	PROGRAM SERVICES	CONSERVATION SUPPORT	439,353.
	-SAHARAN AFRICA -					
	DLA, BENIN,					
	SWANA, BURKINA					
FASC	·	0	5	PROGRAM SERVICES	CONSERVATION SUPPORT	396,171.
	TH AMERICA -					
	ENTINA, BOLIVIA,					
	ZIL, CHILE,					
	JMBIA, ECUADOR,	0	8	PROGRAM SERVICES	CONSERVATION SUPPORT	694,584.
SOU	TH ASIA -					
AFGI	HANISTAN,					
	GLADESH, BHUTAN,					
IND	IA, MALDIVES,	0	5	PROGRAM SERVICES	CONSERVATION SUPPORT	419,647.

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

0

0

19

0

Schedule F (Form 990) 2022

1,949,755.

1,949,755.

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I ...... c Totals (add lines 3a

CONSERVATION COUNCIL Schedule F (Form 990) 2022

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

OF NATIONS

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance					<b>A</b>	
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	
(e) Amount of cash grant					ʻoreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are re ir for which the grantee o	r entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o	other organizations or
1 (a) Name of organization						3 Enter total number of other organizations or entitles

Page 3

27-3152104

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. OF NATIONS CONSERVATION COUNCIL Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.

Part III

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

# Schedule F (Form 990) 2022 (Part IV Foreign Forms

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

Schedule F (Form 990) 2022

#### 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.

**2022** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

Employer identification number

27-3152104

CONSERVATION COUNCIL OF NATIONS

Questions Regarding Compensation

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

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	( <b>E</b> ) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN B. GANTT, JR.	€		0	0	0	0	106,240.	0
PRESIDENT OF ICCF AND CEO OF CCN	(ii)	215,	0.	0 •	6,539.	54,459.	275,998.	0
(2) DAVID H. BARRON	( <u>i</u> )	240,	• 0	0 •	9,639.	5,356.	•	0
CHAIRMAN	(ii)		• 0	0.	_	1,256.	60,038.	0.
(3) SUSAN H. LYLIS	(I)	15,	• 0	• 0		4,112.	_	0
VICE PRESIDENT	(ii)	139,	• 0	• 0	5,570.	14,056.		0
(4) FRED BRIZZI	(I)	117,	• 0	• 0	4,715.	• 0	_	0
DIRECTOR OF COMMUNICATION	(ii)	42,117.	• 0	• 0	1,685.	• 0	43,802.	0
(5) TODD KOENINGS	(I)	130,000.	• 0	• 0	5,200.	25,900.	161,100.	0
DIRECTOR OF INTERNATIONAL CONSERVATI	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	0
	(I)							
	(ii)							
	€							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<b>(iii</b>							
	(i)							
	(II)							
	Ξ							
	<b>(ii)</b>							
	Ξ							
	⊞							
	Ξ							
	⊞							
	Ξ							
	<b>(III)</b>							
	Ξ							
	<b>(ii)</b>							
	Ξ							
	≘							

Schedule J (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> OF NATIONS CONSERVATION COUNCIL

**Employer identification number** 27-3152104

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022  Name of the organization  CONSERVATION COUNCIL OF NATIONS	Employer identification number 27-3152104
MANAGEMENT AND GENERAL EXPENSES	11,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	743,308.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	763,732.

# SCHEDULE R (Form 990)

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2022

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

OF NATIONS CONSERVATION COUNCIL Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 27-3152104

Direct controlling End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(c) (d)/c)  Sed	entity?	No			×					
ō)	section 3 (2)(13)	enti	Yes								
(t)	Direct controlling	entity									
(e)	Public charity	status (if section	501(c)(3))		PUBLICLY	SUPPOTED ORG					
(p)	Exempt Code	section									
(၁)	Legal domicile (state or	foreign country)				DISTRICT OF COLUMBIA					
(q)	Primary activity			TO ADVANCE U.S. LEADERSHIP	IN INTERNATIONAL	CONSERVATION					
(a)	Name, address, and EIN	of related organization		INTERNATIONAL CONSERVATION CAUCUS FOUNDATION TO ADVANCE U.S. LEADERSHIP	- 83-0449176, 1200 POTOMAC STREET,	WASHINGTON, DC 20007					

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

Schedule R (Form 990) 2022

27-3152104

Page 2

OF NATIONS CONSERVATION COUNCIL

Schedule R (Form 990) 2022

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

(K)	General or Percentage managing ownership partner?		
9	General or managing partner?		
(i)	Bl Sox Jule 165)		
(h)	Disproportionate allocations?		
(6)	Share of end-of-year assets		
( <del>t</del> )	ઇ		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(p)	Direct controlling entity		
(c)	Legal domicile (state or foreign		
(q)	Primary activity		
(a)	Name, address, and EIN of related organization		

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

ı	I	اہا		l		l			l	
<b>E</b>	ection 2(b)(13) ntrolled ntity?	No								
	00 to	Yes								
(F)	Percentage 512(b)(13) ownership controlled entity?									
(a)	Share of end-of-year	assers								
(£)	Share of total income									
(e)	Type of entity (C corp, S corp, or trust)	OI tidet)								
(p)	Direct controlling Type of entity Corp. Scorp, Or truet									
(0)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2022

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	actions with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1	X	
I nans or loan guarantees to or for related organization(s)				7		×
				5 (		۶
e Loais of Ioal guarantees by related organization(s)				טַ		4
f Dividends from related organization(c)				÷		×
Dividends nonneaded organization(s)						1 2
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
				Ţ		X
i Lease of facilities, equipment, or other assets to related organization(s)				ï		×
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related	related organization(s)			=		×
	elated organization(s)			Ŧ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s)			1n		×
o Sharing of paid employees with related organization(s)				9		×
<b>p</b> Reimbursement paid to related organization(s) for expenses				<del>1</del>		×
Reimbursement paid by related organization(s) for expenses				19	X	
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
	on who must complete the	is line, including covered	relationships and transaction thresholds.	•		
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
INTERNATIONAL CONSERVATION CAUCUS	บ	245,000.	245,000.FAIR VALUE			
INTERNATIONAL CONSERVATION CAUCUS (2) FOUNDATION	õ	367,804.	FAIR VALUE			
(3)						
(4)						
(5)						
(8)						
232163 09-14-22	-		Schedule R (Form 990) 2022	R (Form	066	2022

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CONSERVATION COUNCIL Schedule R (Form 990) 2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership				
(j)  General or managing partner? Yes No				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets Y				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
(d) Predominant income particulated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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