



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

June 29, 2023

International Conservation Caucus FOUNDATION 1200 POTOMAC STREET NW WASHINGTON, DC 20007

International Conservation Caucus FOUNDATION:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 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,

Nancy Johnson

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

International Conservation Caucus FOUNDATION 1200 POTOMAC STREET NW WASHINGTON, DC 20007

Prepared By:

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 Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

Form	Q	Q	Λ
Form	J	J	U

Department of the Treasury Internal Revenue Service

** 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.



AF	or the	e 2021 calendar year, or tax year beginning and	ending						
B C a	heck if pplicabl	C Name of organization INTERNATIONAL CONSERVATION CAUCUS		D Employer identific	cation number				
	Addre chang								
	Name chang	e Doing business as		83-0449176					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final	1200 POTOMAC STREET NW		202471422					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,631,928.				
X	Amenor			H(a) Is this a group re					
	Applic tion pendir	F Name and address of principal officer: JOHN GANII, JR.		for subordinates	? Yes X No				
	· .	* 1200 POTOMAC STREET, NW, WASHINGTON, DC	2000	H(b) Are all subordinates in	cluded? Yes No				
		empt status: $X = 501(c)(3) = 501(c)() < (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions				
		e: WWW.ICCFOUNDATION.US		H(c) Group exemption	,				
	-	organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2006 N	State of legal domicile: DC				
Pa	rt I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: TO A							
anc.		INTERNATIONAL CONSERVATION THROUGH PUBLIC	CAND F	PRIVATE PART	NERSHIPS				
erné		Check this box 🕨 🛄 if the organization discontinued its operations or dispos		-					
0 V				6					
ت ھ		Number of independent voting members of the governing body (Part VI, line 1b)			5				
Activities & Governance		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6				
iviti		Total number of volunteers (estimate if necessary)			8				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
	_			Prior Year	Current Year				
e		Contributions and grants (Part VIII, line 1h)		2,956,438.	2,627,702.				
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.				
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,591.	<u>4,226.</u> 2,631,928.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,000,029.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		204,038.	<u>1,019,294.</u> 0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		855,143.	847,454.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		62,822.	047,454.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	62	02,022.	0.				
Expenses	d	Total fundraising expenses (Part IX, column (D), line 25) • 445, 0		1,094,512.	1,668,225.				
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,216,515.	3,534,973.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		783,514.	-903,045.				
_ s		Revenue less expenses. Subtract line 18 from line 12							
Net Assets or -und Balances	00	Tatel accets (Dart V. line 16)	Ве	ginning of Current Year 2 , 090 , 384 •	<u>End of Year</u> 1,158,159.				
Asse Bala	20	Total assets (Part X, line 16)		304,971.	275,791.				
let A	21	Total liabilities (Part X, line 26)		1,785,413.	882,368.				
	22	Net assets or fund balances. Subtract line 21 from line 20		т,/ој,4тј•	002,300.				

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.

	· · · · · · · · · · · · · · · · · · ·									
Sign	Signature of officer	Date								
Here	JOHN GANTT, JR., PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date Check PTIN								
Paid	NANCY JOHNSON NANCY JOHNSON	06/29/23 self-employed P01593478								
Preparer	Firm's name UHY ADVISORS MID-ATLANTIC MD, INC.	Firm's EIN ▶ 26-0794367								
Use Only	Firm's address 8601 ROBERT FULTON DRIVE, SUITE 210									
	COLUMBIA, MD 21046 Phone no. (410) 720-5220									
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No								
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	INTERNATIONAL CONSERVATION CAUCUS
	Page 2 FOUNDATION 83-0449176 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ADVANCE US LEADERSHIP IN INTERNATIONAL CONSERVATION THROUGH PUBLIC
	AND PRIVATE PARTNERSHIPS AND TO DEVELOP THE NEXT GENERATION OF
	CONSERVATION LEADERS IN THE US CONGRESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,913,911. including grants of \$1,019,294.) (Revenue \$)
	CONDUCTED EDUCATIONAL ACTIVITIES AND BRIEFINGS ON IMPORTANT
	CONSERVATION PRIORITIES; ORGANIZED EVENTS AND BRIEFINGS FOR US
	CONGRESSIONAL INTERNATIONAL CONSERVATION CAUCUS (ICC) AND OCEANS CAUCUS
	(OC) MEMBERS, STAFF AND OTHERS IN SUPPORT OF PRIORITY ISSUES; EXPANDED
	MULTILATERAL AND OTHER PARTNERSHIPS TO SUPPORT ITS WORK WITH OTHER
	CAUCUSES GLOBALLY; AND COORDINATED THE PROVISION OF EDUCATION MATERIAL
	AND NONPARTISAN RESEARCH AND ANALYSIS TO CAUCUS MEMBERS AND STAFF ON
	PRIORITY CONSERVATION ISSUES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,913,911.

INTERNATIONAL CONSERVATION CAUCUS Form 990 (2021) FOUNDATION Part IV Checklist of Required Schedules

83-0449176 Page

			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	Х	
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		<u> </u>
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		<u> </u>
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		<u> </u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
	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	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D</i> .			
а		11a	х	
h	Part VI	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u>л</u>	<u> </u>
10	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,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form	990 (2021) FOUNDATION 83-044	9176	Р	age 4
Pa	rt 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	Х	
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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 X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X 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 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		<u> </u>
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>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X 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	<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Fd	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		1	Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

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Form	990 (2021) FOUNDATION	83-0449	176	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				9					
				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions									
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	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 Ac	counts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?	-	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the service of the service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a		x					
			7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa									
•	to file Form 8282?		7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	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 For		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	tion file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4							
11	Section 501(c)(12) organizations. Enter:	· •								
	Gross income from members or shareholders	11a	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	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	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		X					
	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		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

FOUNDATION 83-0449176 Page 6 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 6 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 5 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? х 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, IL, KS, KY, MA, MD, MI, MN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) cial

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

20	State the	e name, addre	ss, and	d telephon	ie numbe	er of	the pers	son who p	ossesses	the org	ganization's books	and	records 🕨	
	INTER	RNATION	AL (CONSER	RVATI	ON	CAU	JCUS ·	- WILI	LIAM	LAWRENCE	-	2024714222	
	1200	POTOMA	C SI	FREET	NW,	WA	SHIN	IGTON	, DC	200	07			
132006	12-09-21		SEE	SCHE	DULE	0	FOR	FULL	LIST	OF	STATES			Form 9

INTERNATIONAL CONSERVATION CA	UCUS								
Form 990 (2021) FOUNDATION	83-0449176 Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	I Employees								
1a Complete this table for all persons required to be listed. Report compensation for the c	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.									

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	fficer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN B. GANTT, JR. PRESIDENT	40.00	x		x				215,000.	71,000.	47,918.
(2) SUSAN LYLIS VICE PRESIDENT	40.00	x		x				180,000.	42,500.	18,418.
(3) HONORABLE JOHN TANNER (RETIRE) CHAIRMAN	0.15	x						0.	0.	0.
(4) VANCE MARTIN DIRECTOR	0.15	x						0.	0.	0.
(5) CONNIE MACK DIRECTOR	0.15	x						0.	0.	0.
(6) ALLE BOYD DIRECTOR	0.15	x						0.	0.	0.
(7) ED ROYCE DIRECTOR	0.15	x						0.	0.	0.
		-								
		-								
		-								
		<u> </u>		L		I	L	1	1	

	0 (2021) FOUNDATI		JIN 2) C R	LVA	L T	.01	C	LAUCUS	83-0	449	176	Р	age 8
Part V	II Section A. Officers, Directors, True (A) Name and title	stees, Key Emp (B) Average hours per	(do	not c	(C Pos heck	C) itior		one	compensated Employee (D) Reportable compensation	es <u>(continued)</u> (E) Reportable compensatio				
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated sn1/, untrologee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizatior (W-2/1099-MI 1099-NEC)	ns SC/	com fr org and	other pensa om th anizat d relat anizati	ation e tion ted
			-											
			-											
			-											
			-											
			-						205 000	112 5		6	<u> </u>	2.6
c To	ubtotal otal from continuation sheets to Part V otal (add lines 1b and 1c)	II, Section A							395,000. 0. 395,000.	113,5	0.		<u>6,3</u>	36. 0. 36.
2 To	otal number of individuals (including but i compensation from the organization							o re						2
	d the organization list any former officer			key e	empl	oye	e, or	hig	phest compensated emp	loyee on	[-	Yes	No X
4 Fo	ne 1a? If "Yes," complete Schedule J for a for any individual listed on line 1a, is the s nd related organizations greater than \$15	um of reportabl	e cc									3	x	
5 Di re	id any person listed on line 1a receive or ndered to the organization? <i>If</i> "Yes," cor	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		X
1 C	n B. Independent Contractors omplete this table for your five highest co e organization. Report compensation for	-									pensat	ion fro	m	
	(A) Name and business								(B) Description of s		С	(C omper		n
	otal number of independent contractors (100,000 of compensation from the organ		ot lir	niteo	d to	thos (•	ted	above) who received m	ore than				

					ATION					83-0449	176 Page 9
Pa	rt V		Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	onse	or note to any lir		(5)	(A)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Å G		с	Fundraising events		1c						
àifts ar ∕			Related organizations								
s, C Imil		е	Government grants (contr	ibuti	ons) 1e		152,600.				
tion sr Si		f	All other contributions, gifts,	grant							
ibu			similar amounts not included	abov			475,102.	-			
ontr od C		g	Noncash contributions included in	lines 1	la-1f 1g	\$					
<u>a</u> C		h	Total. Add lines 1a-1f					2,627,702.			
							Business Code				
ice	2										
erv ue		b									
n S /en		с									
Program Service Revenue		d									
Proj		e f	All other program convice	rovo	2110						
-			All other program service Total. Add lines 2a-2f								
	3	y	Investment income (includ								
	Ŭ		other similar amounts)								
	4 Income from investment of tax-exempt bond proceed										
	5		Royalties		-						
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)	1		🕨				
	7	а	Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a				-			
		b	Less: cost or other basis								
anu			and sales expenses	7b				4			
evenue			Gain or (loss)	7c							
Other Re			Net gain or (loss)				>				
the	8	а	Gross income from fundraisi								
0			including \$								
			contributions reported on		-	8a					
		h	Part IV, line 18 Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamin								
	-		Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory,	ess i	returns						
			and allowances								
		b	Less: cost of goods sold			10k	b				
		с	Net income or (loss) from	sales	s of invento	ry					
s							Business Code	4 000	4 000		
eou	11		OTHER REVENUE				900099	4,226.	4,226.		
llan 'ent		b									
Miscellaneous Revenue		2 2							+		
N.			All other revenue					4,226.			
	12	5	Total revenue. See instruction				····· P	2,631,928.		0.	0.
	_										

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Form 990 (2021) FOUNDATION 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 respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21	800,000.	800,000.		
2 Grants and other assistance to domestic	,			
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	219,294.	219,294.		
4 Benefits paid to or for members	,			
5 Compensation of current officers, directors,				
trustees, and key employees	461,337.	461,337.		
6 Compensation not included above to disqualified	,			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	242,822.	198,174.	19,135.	25,513.
8 Pension plan accruals and contributions (include		,		
section 401(k) and 403(b) employer contributions)	5,816.	5,196.	266.	354.
9 Other employee benefits	90,070.	79,334.	4,601.	354. 6,135. 1,896.
10 Payroll taxes	47,409.	44,091.	1,422.	1,896.
11 Fees for services (nonemployees):	,	,	/	,
a Management				
b Legal				
c Accounting	90,219.	47,140.	41,155.	1,924.
d Lobbying	,		,	•
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	113,911.	56,425.	55,184.	2,302.
12 Advertising and promotion	10,999.	10,999.	,	•
13 Office expenses	38,564.	21,210.	771.	16,583.
14 Information technology	,			•
15 Royalties				
16 Occupancy	121,553.	74,416.	2,095.	45,042.
17 Travel	271,906.	271,906.	,	•
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	18,087.	18,087.		
19 Conferences, conventions, and meetings	135,174.	135,174.		
20 Interest	333.		333.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,557.	7,028.	227.	302.
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a MAILING CAMPAIGN	799,941.	439,968.	15,999.	343,974.
b BAD DEBT EXPENSE	34,033.		34,033.	,2,14
c PRINTING AND COPYING	13,775.	12,811.	413.	551.
d TELEPHONE	12,173.	11,321.	365.	487.
e All other expenses	,_,,	,,		
25 Total functional expenses. Add lines 1 through 24e	3,534,973.	2,913,911.	175,999.	445,063.
26 Joint costs . Complete this line only if the organization	.,,	_,		,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here implight and rendrating SOP 98-2 (ASC 958-720)	799,941.	439,968.	15,999.	343,974.

INTERNATIONAL	CONSERVATION	CAUCUS
FOUNDATION		

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,208,683. 463,325. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 816,610. 631,840. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 1,000. 18,480. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 39,706. basis. Complete Part VI of Schedule D _____ 10a 39,706. 0. 0. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 64,091. 44,514. Other assets. See Part IV, line 11 15 15 2,090,384. 1,158,159. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 142,956. 143,517. Accounts payable and accrued expenses 17 17 18 25,000. 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 152,600. 107,274. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 9,415. of Schedule D 25 304,971. 275,791. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 818,307. 27 37,410. 27 Net assets with donor restrictions 967,106. 844,958. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,158,159. Form 990 (2021)

882,368.

31

32

33

1,785,413.

2,090,384.

31

32

33

Form 990 (2021)

INTERNATIONAL	CONSERVATION	CAUCUS
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	990 (2021) FOUNDATION	83-04	49176	Page 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,631					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,534					
3	Revenue less expenses. Subtract line 2 from line 1	3		,045.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>1,785</u>	,413.				
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	882	<u>,368.</u>				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	X				
				Yes No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e 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 Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2021)

SCHEDULE A (Form 990)				omplete if the organ	rity Status an ization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga	anization o			OMB No. 1545-0047
		f the Treasury nue Service	•		Attach to Form 990 or F //Form990 for instruction	orm 990-	EZ.	oformation.		Open to Public Inspection
Nam Pa		he organizatio	n INTE FOUN	RNATIONAL (DATION	CONSERVATION	CAUCU	JS		8	identification number $3-0449176$
								ee instruction	IS.	
The 1 2 3 4		A church, cor A school deso A hospital or a	vention of ch cribed in sect a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,
5		An organizatio	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 7 8	 X	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 								
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11 12 a		An organization more publicly lines 12a thro Type I. A su the support	on organized a supported or ugh 12d that upporting orga ed organizatio	and operated exclusi ganizations describe describes the type of anization operated, si	vely to test for public saf vely for the benefit of, to d in section 509(a)(1) o f supporting organization upervised, or controlled gularly appoint or elect a potions A and B	perform the section of and complete superior by its superior b	he functior 509(a)(2). plete lines ported orga	ns of, or to ca See section 12e, 12f, and anization(s), t	509(a)(3). (12g. ypically by g	Check the box on
b		Type II. A s control or m	upporting org nanagement o	anization supervised	or controlled in connect anization vested in the sa			0		•
с					g organization operated). You must complete F				lly integrate	ed with,
d		that is not f	unctionally int t (see instructi	egrated. The organiz ions). You must con	orting organization oper ation generally must sati nplete Part IV, Sections	isfy a distri A and D,	ibution rec and Part	quirement and V.	l an attentiv	.,
e		functionally	integrated, or	Type III non-functior	written determination from nally integrated supporting			Туре I, Туре	II, Type III	
t		er the number of		•						
<u> g</u>		i) Name of suppo organization	orted	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
					above (see instructions))					
Tota	I							1		l

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

83-0449176 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2175395.	2041595.	3810659.	2956438.	2627702.	13611789.		
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	2175395.	2041595.	3810659.	2956438.	2627702.	13611789.		
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,						2472000		
	column (f)						3472899.		
	Public support. Subtract line 5 from line 4.						10138890.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	2175395.	2041595.	3810659.	2956438.	262//02.	13611789.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	1,510.	72.				1,582.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					4,226.	4,226.		
11	Total support. Add lines 7 through 10						13617597.		
12	Gross receipts from related activities,	etc. (see instructio	ins)		•	12			
	First 5 years. If the Form 990 is for th			ourth. or fifth tax v	/ear as a section 5	01(c)(3)			
	organization, check this box and stor								
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (I		-	olumn (f))		14	74.45 %		
	Public support percentage from 2020		•	())		15	99.99 %		
	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies	-							
h	33 1/3% support test - 2020. If the c		-						
	and stop here. The organization qual			1					
17~	10% -facts-and-circumstances test				13 162 or 16b a				
110									
	and if the organization meets the fact			-	-	-			
	meets the facts-and-circumstances te	-		• • • •	-	7- and line 15 is			
b	10% -facts-and-circumstances test	-					IU% Or		
	more, and if the organization meets th						. —		
	organization meets the facts-and-circu		•		••••••				
18	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part II

INTERNATIONAL	CONSERVATION	CAUCUS

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Schedule A (Form 990) 2021 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

1

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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						
c Add lines 7a and 7b					1	
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(1) 2010	(0) 2010	(4) 2020		
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						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second third	fourth, or fifth tax	vear as a section !	501(c)(3) organ	nization,
	C			-		
Section C. Computation of Public						
15 Public support percentage for 2021 (lir			column (f))		15	%
16 Public support percentage from 2020 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 202			ne 13. column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the c					· · · ·	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2020. If the c						
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization						
			., 5 , 6			····· ►

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

83-0449176 Page 4

1

Yes

No

Schedule A (Form 990) 2021 FOUI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Sche	dule A	(Form 990) 2021 FOUNDATION	83-0449	917	6 Ра	age 5
Pa	rt IV	Supporting Organizations (continued)				
					Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?				
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and				
u	-	below, the governing body of a supported organization?		l 1a		
h				11b		
		nily member of a person described on line 11a above?				
С		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
800	detail	l in Part VI. B. Type I Supporting Organizations		l1c		
Sec						
			_		Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of				
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's or tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s,				
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one sup				
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor				
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	° L	1		
2	Did th	he organization operate for the benefit of any supported organization other than the supported				
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
		rvised, or controlled the supporting organization.		2		
Sec	tion (C. Type II Supporting Organizations				
					Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors				
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
		anagement of the supporting organization was vested in the same persons that controlled or managed				
		upported organization(s).		1		
Sec	tion l	D. All Type III Supporting Organizations	I	•		
					Yes	No
4		he organization provide to each of its supported organizations, by the last day of the fifth month of the			163	
1						
		nization'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				
	-	nization'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				
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
		rganization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By re	ason of the relationship described on line 2, above, did the organization's supported organizations have a				
	-	ficant voice in the organization's investment policies and in directing the use of the organization's				
	incon	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	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).			
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 en	ntitv (see instri	iction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.			Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of				-
4		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				

- those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

FOINDATTON

	INTERNATIONAL CONSERVATI	ON (CAUCUS		
Schedule A (Form 990) 2021 FOUNDATION 83-0449					
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	n in Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section 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			
Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

INTERNATIONAL CONSERVATION CAUCUS FOIINDATION

Sche	Chedule A (Form 990) 2021 FOUNDATION 83-0449176 Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt 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	6	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	1		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Oakert	(Faura 000) 0001	INTERNATIONAL FOUNDATION	CONSERVATION	CAUCUS	83-0449176 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	nation. Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b, and 11c n E, lines 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines ⁻ nd 3b; Part V, line 1; Part ^v	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

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

2021

Employer identification number

83-0449176

INTERNATIONAL	CONS

IN	TERNATIONAL	CONSERVATION	CAUCUS
FO	UNDATION		

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: 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 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements 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) (2021)

	(b)	\$60,000. (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>115,000.</u>	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
3 -		\$ <u>100,000.</u>	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
4		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of organization INTERNATIONAL CONSERVATION CAUCUS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2021)

FOUNDATION

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

83-0449176

(c)

Total contributions

Schedule B (Form 990) (2021)

7 (a) 	(b) Name, address, and ZIP + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
<u> 8 </u>		\$152,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No. 	(b) Name, address, and ZIP + 4	(c) <u>Total contributions</u> \$	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Part I

(a)

No.

Name of organization INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

83-0449176

(c)

Total contributions

Page 2

	B (Form 990) (2021)		Page 3
			Employer identification number
FOUND	NATIONAL CONSERVATION CAUCUS		83-0449176
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) (c) Description of noncash property given (See instructions		e) (d)
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

Schedule E	3 (Form 990) (2021)			Page 4			
Name of or				Employer identification number			
	NATIONAL CONSERVATION CA	AUCUS					
FOUNDA Part III		ions to organizations described	n section 501(c)(7) (8)	83-0449176 , or (10) that total more than \$1,000 for the year			
i art iii	from any one contributor. Complete columns (a) through (e) and the following line	entry. For organization	IS			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 space is needed.) or less for the year. (Ente	r this info. once.) • •			
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
F		(e) Transfer of	gift				
			-				
-	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No. from	(b) Durpage of gift	(a) Lloo of gift		(d) Description of how sift is hold			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
ľ	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
		[· · · · · · · · · · · · · · · · · · ·			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(2)	(0) 000 01 3.11		(,			
		(e) Transfer of	gift				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee			
			I				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
				· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of	gift				
	Tuesdaysala sana addu		Deletter	in of two of our to two of two of			
ŀ	Transferee's name, address, a	na ZIP + 4	Relationsh	ip of transferor to transferee			

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047		
(Form 990)						2021	
	For Organizations Exempt From Income Tax Under section 501(c) and section 527					LUL Open to Public	
Department of the Treasury Internal Revenue Service							
If the organization ansy		Form 990, Part IV, line 3, or For			aian Activ	vities). then	
-	-	plete Parts I-A and B. Do not com					
()() (• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.						
 Section 527 organization 				•			
If the organization answ	wered "Yes," or	Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), the	en	
 Section 501(c)(3) org 	anizations that I	nave filed Form 5768 (election und	er section 501(h)): Co	omplete Part II-A. Do no	ot comple	te Part II-B.	
 Section 501(c)(3) org 	janizations that I	have NOT filed Form 5768 (election	n under section 501(h	n)): Complete Part II-B.	Do not co	omplete Part II-A.	
•		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	instructions) or Form	990-EZ, I	Part V, line 35c (Proxy	
Tax) (See separate inst							
 Section 501(c)(4), (5) Name of organization 		tions: Complete Part III.			Employo	r identification number	
Name of organization	FOUNDAT	TIONAL CONSERVATIO	JN CAUCUS			r identification number 83-0449176	
Part I-A Comple		anization is exempt under	section 501(c)	or is a section 52			
					lorgun		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities i	n Part IV			
2 Political campaign	8				▶\$		
3 Volunteer hours for					• •		
		3					
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)	3).			
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		▶\$		
2 Enter the amount o	f any excise tax	incurred by organization managers			▶\$		
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?			Yes No	
4a Was a correction m						Yes No	
b If "Yes," describe in		opization is evenet under	acation E01(a)	avaant agation E	01(-)(2)		
		anization is exempt under		-		•	
		by the filing organization for secti	•		▶\$		
2 Enter the amount o exempt function ac		ization's funds contributed to othe	0		▶\$		
		. Add lines 1 and 2. Enter here and			φ		
-	-				▶\$		
						Yes No	
		nployer identification number (EIN)					
		tion listed, enter the amount paid f					
		omptly and directly delivered to a s			parate seg	gregated fund or a	
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part	IV.			
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's coi er-0 c	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	N,
expenses, and share of excess lobbying expenditures). B Check ▶if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated gravitation's totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	l group
B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated grates 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated gravitotals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) organization's totals totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
C Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	No
4-Year Averaging Period Under Section 501(h)	
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.	
See the separate instructions for lines 2a through 2f.)	
Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year beginning in)(a) 2018(b) 2019(c) 2020(d) 2021(e) Total	al
2a Lobbying nontaxable amount	
b Lobbying ceiling amount (150% of line 2a, column(e))	
c Total lobbying expenditures	
d Grassroots nontaxable amount	
e Grassroots ceiling amount	
(150% of line 2d, column (e))	
f Grassroots lobbying expenditures	

Schedule C (Form 990) 2021

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X	-	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	A		207.
	Other activities?				207.
1	Total. Add lines 1c through 1i		x		207.
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).		-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:				

LOBBYING ACTIVITIES: MET WITH VARIOUS ORGANIZATIONS TO DISCUSS

POTENTIAL CONGRESSIONAL STRATEGIES.

50			Supplementa	al Financial	St	atements	5		ŀ	OMB No. 1545-0047		
	Form 990) ► 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.					2021						
	ment of the Treasury			Attach to Form 990.						Open to Public Inspection		
	e of the organization	on	INTERNATIONAL CONST FOUNDATION	90 for instructions and the latest information. ERVATION CAUCUS Emplo						byer identification number 83-0449176		
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Con											
			wered "Yes" on Form 990, Part IV, lin						、			
				(a) Donor ac	vise	d funds	(b) Fund	ds and	other accounts		
1	Total number at end of year											
2												
3	3 Aggregate value of grants from (during year)											
4	Aggregate value at	t end	of year									
5	Did the organizatio	on info	orm all donors and donor advisors in	writing that the asset	s he	ld in donor advis	ed fund	s				
	are the organizatio	n's p	roperty, subject to the organization's	exclusive legal contr	ol?					Yes No		
6	•		orm all grantees, donors, and donor a	•	Ũ							
			and not for the benefit of the donor o	, ,		/ 1 1		5				
Par	impermissible priva						<u></u>	<u></u>		Yes No		
			n Easements. Complete if the or			s" on Form 990, I	Part IV,	line 7.				
1			ion easements held by the organization		oly).		h:.t.					
	Protection of		nd for public use (for example, recrea	ition or education)		Preservation of Preservation of		-	•			
	Preservation] Freservation of	a certii	ieu nis	LONC S	siruciure		
2			gh 2d if the organization held a qualit	fied conservation cor	tribu	ition in the form	of a cor	servat	ion ea	sement on the last		
2	day of the tax year		gir zu ir the organization heid a quain							it the End of the Tax Year		
а			vation easements					2a				
b								2b				
c	° °		easements on a certified historic stru					2c				
d			easements included in (c) acquired a									
	listed in the Nation	al Re	gister	·				2d				
3			easements modified, transferred, rel					ation o	during	the tax		
	year 🕨											
4			property subject to conservation eas									
5	Does the organizat	tion h	ave a written policy regarding the per	riodic monitoring, ins	pect	ion, handling of						
			nent of the conservation easements it							Yes No		
6	Staff and volunteer	r hou	rs devoted to monitoring, inspecting,	handling of violation	s, an	d enforcing cons	servation	n easer	ments	during the year		
_	►	<u> </u>										
7		es ind	curred in monitoring, inspecting, hanc	lling of violations, and	d ent	forcing conserva	tion eas	ement	s durii	ng the year		
0		votion	easement reported on line 2(d) abov	a action the requirer	aanti	a of a sting 170(:)				
8										Yes No		
9			(ii)? w the organization reports conservation									
Ū			ude, if applicable, the text of the footr			-				he		
			ng for conservation easements.	···· ·· ··· ··· ··· ··· ··· ··· ··· ··								
Par	t III Organiza	ation	S Maintaining Collections of	f Art, Historical '	Frea	asures, or Ot	her Si	milar	Ass	ets.		
	Complete if	the c	organization answered "Yes" on Form	990, Part IV, line 8.								
1a	If the organization	elect	ed, as permitted under FASB ASC 95	8, not to report in its	reve	enue statement a	nd bala	nce sh	eet w	orks		
	of art, historical tre	easure	es, or other similar assets held for put	olic exhibition, educa	tion,	or research in fu	Irtheran	ce of p	ublic			
	service, provide in	Part	XIII the text of the footnote to its finar	ncial statements that	deso	cribes these item	IS.					
b	If the organization	elect	ed, as permitted under FASB ASC 95	8, to report in its rev	enue	statement and b	balance	sheet	works	of		
	art, historical treas	ures,	or other similar assets held for public	exhibition, educatio	n, or	research in furth	nerance	of pub	lic ser	vice,		
	•	Ũ	nounts relating to these items:									
	(i) Revenue includ	ded o	n Form 990, Part VIII, line 1									
	(ii) Assets include								\$			
2			ved or held works of art, historical tre				l gain, p	rovide				
	-		equired to be reported under FASB A	-								
			orm 990, Part VIII, line 1									
b	Assets included in	⊦orm	990, Part X						5			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

	INTERNA	TIONAL CON	SERV	ATION	CAUCUS						
Sche	dule D (Form 990) 2021 FOUNDAT								49176		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	i 🗌 i	Loan or exc	change progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ey further tl	he organizatio	n's exemp	t purpos	e in Part	XIII.		
5											
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered "	Yes" on Fo	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	is or other ass	ets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_		Ī
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	l o (lino 1c	n column (a)) held as:						
	Board designated or quasi-endowment	ent year end balance	%	y, column (a	()) field as.						
a h	Permanent endowment	%									
0		% %									
C		, -									
2-	The percentages on lines 2a, 2b, and 2c should be there endowment funds not in the percent		tion the	t are hold a	nd administer	ad for the		tion			
38	Are there endowment funds not in the posses	ssion of the organiza	ation tha	i are neio a	no aoministere		organiza	lion	Г	Yes	No
	by:									163	
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		L
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	organization's endo	wment f	unds.							
Fai	Complete if the organization answered		Dort IV	/ line 11e 6	Soo Form 000	Dort V lin	o 10				
	Description of property	(a) Cost or o			t or other	• •	umulate	d	(d) Book	valu	е
		basis (investr	nent)	Basis	(other)	depre	eciation				
	Land										
	Buildings										
	Leasehold improvements			ļ			0 7				
d	Equipment				39,706.		39,70				0.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FOUNDATION		83	-0449176 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			of yoor market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line [.]	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	n Form 000 Dort IV/ line :	It a at 11f See Form 000 Part V line 05	
Complete if the organization answered "Yes" o 1. (a) Description of liability	n Form 990, Part IV, line	The or TTL See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990. Part X, col. (B) line .	25 \	`	
I COMPLETE INTERNET OF THE STORE AND A COLUMN TO THE STORE AND A COLUM	د ی .)		

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

X

INTERNATIONAL CONSERVAT	ION CAUCUS		
Schedule D (Form 990) 2021 FOUNDATION		83-0	0449176 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements			2,631,928.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	2,631,928.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		2,631,928.	
Part XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Returr	1.
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1 Total expenses and losses per audited financial statements		1	3,534,973.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	3,534,973.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	8.)		3,534,973.
Part XIII Supplemental Information.			

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

PART X, LINE 2:

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

FEDERAL TAX RETURNS ARE SUBJECT TO AUDIT.

SCHEDULE F (Form 990)							B No. 1545-0047
Department of the Treasury			Attach to Form 990.		,		to Public
Name of the organization INTERNATIONAL FOUNDATION			orm990 for instructions and the latest	t information.	Employer		cation number
Part I General Inf	ormation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answ	vered "Ye	es" on
Form 990, Par							
-	•		ds to substantiate the amount of its gra the selection criteria used to award the		-		Yes X No
2 For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsic	le the
		T ·	an be duplicated if additional space is r	1		())	(0 T +)
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, be	(f) Total expenditures for and investments in the region
SOUTH ASIA		2	PROGRAM SERVICES	CONSERVATIC	N SIIPPORT		312,589.
SOUTH ASIA		2	PROGRAM SERVICES	CONSERVATIO	N SUPPORT		512,509.
UNITED KINGDOM		2	PROGRAM SERVICES	CONSERVATIC	N SUPPORT		194,294.
BAHAMAS			PROGRAM SERVICES	CONSERVATIO	N SUPPORT		35,271.
AFRICA		3	PROGRAM SERVICES	CONSERVATIO	N SUPPORT		64,799.
SOUTH AMERICA		1	PROGRAM SERVICES	CONSERVATIO	N SUPPORT		762.
3 a Subtotal	. 0	8					607,715.
b Total from continuation							0
sheets to Part I c Totals (add lines 3a	0	0					0.
and 3b)	. 0	8					607,715.

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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.

1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region noncash of noncash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance appraisal, other) assistance EUROPE (INCLUDING ICELAND & GENERAL SUPPORT FOR GREENLAND) CONSERVATION EFFORTS 194,294. WIRE TRANSFER Ο. FUNDS FOR THE SOUTH AFRICA SUB-SAHARAN PARLIAMENTARIAN AFRICA CONSERVATION CAUCUS 25,000. WIRE TRANSFER 0. 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 2 exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3** Enter total number of other organizations or entities

Page 2

Schedule F (Form 990) 2021

83-0449176

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INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

83-0449176

Schedule F (Form 990) 2021

FOUNDATION

Schedule F (Form 990) 2021

Part	IV	Foreign Forms		
1	Was	s 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		
	Cor	poration (see Instructions for Form 926)	Yes	XNo
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt 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		
	Cen	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (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		
	Fore	eign 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	s," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Insti	ructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 FOUNDATION Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS FOR THE SOUTH AFRICA PARLIAMENTARIAN

CONSERVATION CAUCUS INITIATIVE

PART II

THESE GRANTS WERE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING

SCHEDULE G Supplemental Information R	egarding Fund	draisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990) Complete if the organization answere organization entered mo				r 19, or if the	2021
Department of the Treasury	Form 990 or Fo	rm 99	0-EZ.		Open to Public
Internal Revenue Service Go to www.irs.gov/Form9					Inspection
Name of the organization INTERNATIONAL CONSE	RVATION C	AUCI	JS		r identification number
FOUNDATION					49176
Part I Fundraising Activities. Complete if the organiz required to complete this part.	ation answered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not
1 Indicate whether the organization raised funds through any of	the following activ	vities. (Check all that apply.		
a X Mail solicitations e	Solicitation of	non-g	overnment grants		
b Internet and email solicitations f	Solicitation of	gover	nment grants		
c Phone solicitations g	Special fundra	aising	events		
d In-person solicitations					
2 a Did the organization have a written or oral agreement with an	,	•			
key employees listed in Form 990, Part VII) or entity in conne	•		•		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fundra	sers) pursuant to	agreer	ments under which the	ne fundraiser is	to be
compensated at least \$5,000 by the organization.					
M • • • • • • • • • • • • • • • • • • •	(iii	Did		(v) Amount pa	
(i) Name and address of individual or entity (fundraiser) (ii) Activity	have o	ustody	(iv) Gross receipts from activity	to (or retained fundraiser	by to (or retained by)
	or con contrib	ntrol of utions?	ITOITI activity	listed in col.	
FUNDRAISING STRATEGIES, INC -	Yes	No			
1420 SPRING HILL ROAD, FUNDRAISING COUNSE		X	915,384.	85,5	545. 829,839.
Total		•	915,384.	85,5	545. 829,839.

or licensing.

AL, AR, CA, FL, GA, IL, KS, KY, MA, MD, MI, MN, MO, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT VA, WV, WI

		le G (Form 990) 2021 FOUNDAT					-0449176 Page 2
Pa	nrt I	3					
	-	of fundraising event contributions and gro)-EZ,			ts greater than \$5,000.
			(a) Event #1		(b) Event #2	(c) Other events	(d) Total events
							(add col. (a) through
			(event type)		(event type)	(total number)	col. (c))
Ine					(event type)		
Revenue	1	Gross receipts					
Å	.						
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes		_			
	_						
S	5	Noncash prizes					
nse	6	Rent/facility costs					
xpe							
Direct Expenses	7	Food and beverages					
Dire		•					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through					
Da	<u>11</u> 11				Deut IV line 40 and		
Га	ar t i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990	, Part IV, line 19, or l	reported more than	
				0	b) Pull tabs/instant		(d) Total gaming (add
anc			(a) Bingo		go/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue							1
Ĕ	1	Gross revenue					
ŝ	2	Cash prizes					
Expenses							
ă	3	Noncash prizes		_			
Direct I	4	Rent/facility costs					
Dire	4						+
	5	Other direct expenses					
		· · · · · · · · · · · · · · · · · · ·	Yes %		Yes %	Yes %	
	6	Volunteer labor	No		No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			····· •	<u></u>
9	En	ter the state(s) in which the organization condu	icts gaming activities:				
		the organization licensed to conduct gaming a	· · · -				Yes No
		No," explain:					·
		ere any of the organization's gaming licenses re				/ear?	Yes No
b) If "	Yes," explain:					
	_						

132082 10-21-21

11 Does the organization conduct gaming activities with nonmembers? Yes 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility	Sch	nedule G (Form 990) 2021	INTERNATIONAL CONSERVATION CAUCUS FOUNDATION	83-04	4 9:	176	Pa	ae 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charatable gaming? Yes No 13 indicate the percentage of gaming activity conducted in: a The organization's facility 13a 96 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► Address ►				_	_			1
to administer charatable gaming?								
a The organization's facility						Yes		No
b An outside facility	13	Indicate the percentage of gam	ing activity conducted in:					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	á	a The organization's facility		1	3a			%
Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue relained by the third party ▶ \$ and the amount If "Yes," enter name and address of the third party ▶ \$ and the amount of gaming revenue relained by the third party ▶ \$ and the amount If "Yes," enter name and address of the third party: Name ▶					3b			%
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: Source of the second s	14	Enter the name and address of	the person who prepares the organization's gaming/special events books and record	ds:				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the third party: Name ▶		Name 🕨						
b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party: Name ▶		Address 🕨						
of gaming revenue retained by the third party ▶ \$	15a	a Does the organization have a c	ontract with a third party from whom the organization receives gaming revenue? \dots		,	Yes] No
c If 'Yes,' enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶	ł	o If "Yes," enter the amount of ga	aming revenue received by the organization 🕨 💲 and the am	ount				
Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶								
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶	c	c If "Yes," enter name and addre	ss of the third party:					
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶		Name ►						
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶								
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC		Address 🕨						
Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	16	Gaming manager information:						
Description of services provided ▶ □ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC		Name 🕨						
□ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Yes No Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC INC		Gaming manager compensation	n 🕨 \$					
□ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Yes No Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC INC		Description of some income vide						
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC		Description of services provide	d 🕨					
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC 								
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC 		Director/officer	Employee Independent contractor					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Yes No Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC								
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	17	Mandatory distributions:						
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	a	a Is the organization required unc	der state law to make charitable distributions from the gaming proceeds to	-	_			
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC		v v		L		Yes		No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	ł			in the				
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	Da				Line .	0	0 - 10	01-
(I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	ΓC			; and Part III	, iine	es 9,	90, 10	JD,
(I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC	SC	HEDULE G, PART I	. LINE 2B. LIST OF TEN HIGHEST PAID FUNDRA	ISERS:				
			, . ,					
(I) ADDRESS OF FUNDRAISER: 1420 SPRING HILL ROAD, MCLEAN, VA 22102		.) NAME OF FUNDRA	ISER: FUNDRAISING STRATEGIES, INC					
	(I	ADDRESS OF FUN	DRAISER: 1420 SPRING HILL ROAD, MCLEAN, VA	22102	2			

		INTERNATIONAL	CONSERVATION	CAUCUS		
Schedule G	(Form 990) Supplemental Inform	FOUNDATION			83-0449176	Page 4
Part IV	Supplemental Inform	nation (continued)				

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2021
Department of the Treasury Internal Revenue Service	Comp		Attach to Formore. s.gov/Form990 formore.	m 990.			Open to Public Inspection
Name of the organization INTERNATI FOUNDATIO		ERVATION CA	UCUS				Employer identification number 83-0449176
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?	-					on Yes X No
Part II Grants and Other Assistance to recipient that received more than	•			1 0	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONSERVATION COUNCIL OF NATIONS 1200 POTOMAC STREET, NW WASHINGTON, DC 20007	27-3152104	501C3	800,000.	0.			CONSERVATION SUPPORT
2 Enter total number of section 501(c)(3) a	and government or	anizations listed in the	e line 1 table			L	<u> </u>
3 Enter total number of other organization							

Schedule I (Form 990) 2021

FOUNDATION

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J Compensation Information				
Form		Highest	202)1
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part	IV. line 23.	202	
epartment	t of the Treasury Attach to Form 990.		Open to I	
	Venue Service Go to www.irs.gov/Form990 for instructions and the latest in		Inspec	
ame of	the organization INTERNATIONAL CONSERVATION CAUCUS		identification	number
Part I	FOUNDATION Questions Regarding Compensation	83-0)449176	
αιιι				
1a Cha	eck the appropriate box(es) if the organization provided any of the following to or for a person lis	tod on Form 000		<u>res No</u>
	t VII, Section A, line 1a. Complete Part III to provide any of the following to of for a person is	<i>'</i>		
Fan	First-class or charter travel Housing allowance or resider			
		•		
	Travel for companions Payments for business use o Tax indemnification and gross-up payments Health or social club dues or	•		
	Discretionary spending account			
		ald, chadhedi, cheij		
h lf ar	ny of the boxes on line 1a are checked, did the organization follow a written policy regarding pay	vment or		
	nbursement or provision of all of the expenses described above? If "No," complete Part III to exp	•	1b	
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	stees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a		2	
3 Indi	icate which, if any, of the following the organization used to establish the compensation of the o	proanization's		
	D/Executive Director. Check all that apply. Do not check any boxes for methods used by a relate	-		
	ablish compensation of the CEO/Executive Director, but explain in Part III.	ou organization to		
	Compensation committee Written employment contract	t		
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or cor	•		
		ipensation committee		
1 Duri	ing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	filina		
	anization or a related organization:	in ig		
Ũ	ceive a severance payment or change-of-control payment?		4a	x
				X
				X
	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa			
Onl	ly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation		
	tingent on the revenues of:			
	e organization?		5a	X
	/ related organization?			X
	Yes" on line 5a or 5b, describe in Part III.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation		
	Itingent on the net earnings of:			
	e organization?		6a	X
b Any	/ related organization?		6b	X
	Yes" on line 6a or 6b, describe in Part III.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix	ed payments		
	described on lines 5 and 6? If "Yes," describe in Part III		7	X
	re any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was			
	al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par		8	X
initia	Yes" on line 8, did the organization also follow the rebuttable presumption procedure described			

Schedule J (Form 990) 2021

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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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN B. GANTT, JR.	(i)	215,000.	0.	0.	3,045.	44,873.	262,918. 71,000. 198,418.	0.
PRESIDENT	(ii)	71,000.	0.	0.	0.	0.	71,000.	0.
(2) SUSAN LYLIS	(i)	180,000.	0.	0.	0.	18,418.	198,418.	0.
VICE PRESIDENT	(ii)	42,500.	0.	0.	0.	0.	42,500.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INTERNATIONAL	CONSERVATION	CAUCUS
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Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

INTERNATIONAL CONSERVATION CAUCUS

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND TO DEVELOP THE NEXT GENERATION OF CONSERVATION LEADERS IN THE US

CONGRESS.

FORM 990, REASON FOR AMENDED RETURN:

RETURN WAS AMENDED DUE TO AUDITED FINANCIALS BEING FINALIZED AFTER

RETURN DUE DATE.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990 AN INDEPENDENT CPA FIRM PREPARES

THE FORM 990 IN DRAFT AND PROVIDES TO THE ICCF PRESIDENT FOR REVIEW. AFTER

THE ICCF PRESIDENT'S REVIEW, HE THEN

PROVIDES THE DRAFT TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE RETURN BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS PROVIDE A WRITTEN STATEMENT

TO THE BOARD OF DIRECTORS AFFIRMING THEIR UNDERSTANDING AND COMPLIANCE WITH

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR TOP OFFICIALCOMPENSATION IS REVIEWED AND APPROVED BY THE BOARD

OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number 83-0449176

Schedule O (Form 990) 202	21			Page 2
Name of the organization	INTERNATIONAL	CONSERVATION	CAUCUS	Employer identification number
	FOUNDATION			83-0449176

AL, AR, CA, FL, GA, IL, KS, KY, MA, MD, MI, MN, MO, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT

VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FORM 990 IS MADE AVAILABLE

TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEAR.

Department of the Treasury Internal Revenue Service Name of the organization INTERNATIONAL FOUNDATION	► Go to www.irs.gov/Form990 CONSERVATION CAUC	"Yes" on Form 990, Part IV, tach to Form 990. <u>) for instructions and the late</u> US	line 33, 34, 35b, 36	, or 37.	Employer 83-0	Or		ublic on
Part I Identification of Disregarded Entities. Completing (a) (a) Name, address, and EIN (if applicable) of disregarded entity	te if the organization answered "Ye (b) Primary activity	s" on Form 990, Part IV, line 33 (c) Legal domicile (state c foreign country)	(d)	(e) ne End-of-year a	assets	Direct co	f) ontrolling tity)
	-							
Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, bi	ecause it had one o	or more related	tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contr entity	olling		g) 512(b)(13) rolled ity? No
CONSERVATION COUNCIL OF NATIONS - 27-3152104 25786 GEORGETOWN STATION, NW WASHINGTON, DC 20027	CONSERVATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7				X
	-							

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

Schedule R (Form 990) 2021

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

organizationo troatoù ao a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe ging er?	ercentage wnership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				433013		Yes	No
	1								
	1								

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

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Par	t V Transactions With Related Organizations. Complete if the organization answ	wered "Yes" on Forn	n 990, Part IV, line 34, 35b,	, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,	-		1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c	X	1
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
				1			
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Т	Performance of services or membership or fundraising solicitations for related organ				11		Х
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q					1q	Х	
r	r Other transfer of cash or property to related organization(s)						Х
S	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	no must complete th	nis line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONSERVATION COUNCIL OF NATIONS	С	800,000.	COST OF GRANT PAID
(2)			
<u>(</u> 3)			
(4)			
<u>(</u> 5)			
<u>(</u> 6)			

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 FOUNDATION

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

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

(2)				(2)	(4)	(c)	(h)	<u>, </u>	(i)	(3)	(k)			
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f) ec. Share of	(g) Share of	(h)	l nor-	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	(related, unrelated,	partners s 501(c)(3) total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managin				
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?		partner'				
		country	sections 512-514)	Yes N	o "Neonic	233013	Yes	No	(FUTIT 1065)	Yes No				
											+			
					_						+			
											+			
														
											+			

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Schedule R	(Form 990	12021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.