



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

November 17, 2023

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

International Conservation Caucus FOUNDATION:

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

2022 Form 990

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

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

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

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

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

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

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

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

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

Very truly yours,

Katsiaryna Vasiliev

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared 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 990

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.



AI	For th	e 2022 calendar year, or tax year beginning and	ending		
Β	Check if applicat	INTERNATIONAL CONSERVATION CAUCUS		D Employer identific	cation number
	Addr	ge FOUNDATION			
	Name	ge Doing business as		83-04491	76
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final	V IZUU FUIUMAC SIKELI NW		202471422	
	termi ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	4,301,098.
	Amer	WASHINGION, DC 20007		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: 00111 B. GANTI, 0K.		for subordinates	
	-	¹ 1200 POTOMAC ST, NW, WASHINGTON, DC 20	007	H(b) Are all subordinates in	
-		$\begin{array}{c c} \text{cempt status: } \overline{X} & 501(c)(3) & 501(c)() & (\text{insert no.}) & 4947(a)(1)(3) & (1)(3)(1)(1)(3)(1)(1)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)$	or 527		list. See instructions
_	Webs			H(c) Group exemption	
	orm o art l	f organization: X Corporation Trust Association Other Summary	L Year	of formation: 2006 N	State of legal domicile: DC
Г	1	•			
e	1	Briefly describe the organization's mission or most significant activities: <u>TO AI</u> INTERNATIONAL CONSERVATION THROUGH PUBLIC			NEDGUTDG
ano	2				
/err	3				5
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
~ ~	5	Total number of individuals employed in calendar year 2022 (Part V, line 13)		·····	7
Activities & Governance	6	Total number of volunteers (estimate if necessary)			41
čţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,627,702.	4,282,612.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-2,011.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,226.	18,486.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,631,928.	4,299,087.
Se	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,019,294.	468,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		847,454.	1,094,125.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	62,004.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 420, 28		1 6 6 0 0 0 5	
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,668,225.	1,755,615.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,534,973.	3,379,944.
<u>, , , , , , , , , , , , , , , , , , , </u>	19	Revenue less expenses. Subtract line 18 from line 12		-903,045.	919,143.
ts or				ginning of Current Year 1,158,159.	End of Year 2,257,659.
Assets	20	Total assets (Part X, line 16)	······	275,791.	456,148.
let A		Total liabilities (Part X, line 26)	·····	882,368.	1,801,511.
	art II	Net assets or fund balances. Subtract line 21 from line 20		002,300.	1,001,011.
1.1.1					

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	
-	JOHN B. GANTT, JR., PRESI	DENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN PTIN
Paid	KATSIARYNA VASILIEV	KATSIARYNA VASILIEV	11/17/23 self-empl	oyed P02167272
Preparer	Firm's name UHY ADVISORS MID-	ATLANTIC MD, INC.	Firm's EIN	26-0794367
Use Only	Firm's address 8601 ROBERT FULTO	N DRIVE, SUITE 210		
	COLUMBIA, MD 2104	6	Phone no. 4	10-720-5220
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-13	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	INTERNATIONAL CONSERVATION CAUCUS
	1990 (2022) FOUNDATION 83-0449176 Page 2 rt III Statement of Program Service Accomplishments 83-0449176 Page 2
1 0	
1	Check if Schedule O contains a response or note to any line in this Part III
	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
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	
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
4a	revenue, if any, for each program service reported. (Code:) (Expenses 2,774,501. including grants of \$ 468,200.) (Revenue \$)
4a	(Code:) (Expenses \$2,774,501. including grants of \$468,200.) (Revenue \$) CONDUCTED EDUCATIONAL ACTIVITIES AND BRIEFINGS ON IMPORTANT
	CONSERVATION PRIORITIES; ORGANIZED EVENTS AND BRIEFINGS FOR US
	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.
	FRIGRITI CONSERVATION ISSUES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	
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 2,774,501.

Form 990 (2022) FOUNDATION Part IV Checklist of Required Schedules

83-0449176	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	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	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	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?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	446	v	
45	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	4.5	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form **990** (2022)

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<u>Form</u>	990 (2022) FOUNDATION 83-044	9176	Р	age 4
Pa	t 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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
Ū		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		24u		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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			v
	Schedule L, Part I	25b		X 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
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•••	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
00		38	Х	1
Pa		30	21	·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	.03	
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C		1c	Х	
	(gambing) winnings to prize winners?	1.0		(

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Form	990 (2022) FOUNDATION 83-0449	176	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	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 services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
· ·	to file Form 8282?	7c		x
Ь	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	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		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h				
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
		140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
<i></i>	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

		4		
	990 (2022) FOUNDATION 83-0449			Page 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	5	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	с с ,	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N.	N
10-	Did the eventiantian have least charten an efficience	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
44.0	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	100	X	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
		120	- 23	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x	
10	on Schedule O how this was done	12c 13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	- 14		
15				
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	X	
a b		15a	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
5	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		
Sec	tion C. Disclosure	100		
<u>17</u>	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
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			

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

20	0 State the name, address, and telephone number of the person who possesses the organization's books and records											
	INTERNATIONAL CONSERVATION CAUCUS - BILLY LAWRENCE - 2024714222											
	1200 POTOMAC STREET NW, WASHINGTON, DC 20007											

Form 990 (2	2022) FOUNDATION	83
Part VII	Compensation of Officers, Directors, Trustees, Key	Employees, Highest Compensat
	Employees, and Independent Contractors	

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable Reportable		Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week	<u> </u>	officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN B. GANTT, JR.	40.00									
PRESIDENT	10.00			Х				215,000.	106,240.	60,998.
(2) DAVID BARRON	10.00									
CHAIRMAN	40.00					Х		56,521.	240,979.	18,512.
(3) SUSAN LYLIS	40.00									
VICE - PRESIDENT	10.00			Х				139,260.	75,740.	25,368.
(4) FRED BRIZZI	10.00									
DIRECTOR OF COMMUNICATION	30.00					Х		42,117.	117,883.	6,400.
(5) ROBERT MIDDLEBROOKS	10.00									
FINANCE DIRECTOR	40.00					Х		26,625.	106,625.	8,088.
(6) CLARE FALCONE	10.00									
SECRETARY	40.00			Х				28,250.	80,500.	4,350.
(7) JAIME CAVELIER	10.00									
VICE PRESIDENT OF STRATEGIC PARTNERS	30.00					Х		23,733.	88,267.	0.
(8) DONNELL OCKER	30.00									
DEVELOPMENT DIRECTOR	10.00					Х		80,000.	20,001.	0.
(9) HONORABLE JOHN TANNER (RETIRE)	0.15									
CHAIRMAN OF US		Х						0.	0.	0.
(10) VANCE MARTIN	0.15									
DIRECTOR		X						0.	0.	0.
(11) HONORABLE CONNIE MACK	0.15									
DIRECTOR		X						0.	0.	0.
(12) HONORABLE ALLEN BOYD	0.15									
DIRECTOR		X						0.	0.	0.
(13) HONORABLE ED ROYCE	0.15									
DIRECTOR		Х						0.	0.	0.
										- 000 (000)

INTERNAT		ONS	ER	VA	TI	ON	0	CAUCUS	02.0	4 4 0 1	70	-	0
Form 990 (2022) FOUNDATIC									83-04	149.	10	P	age 8
Section A. Officers, Directors, Trus		pioy	ees,			gnes	st C		. ,			(5)	
(A)	(B) Average		(C) Position			ı		(D)	(E)		- ·	(F)	ام د
Name and title	hours per		not c	heck	more	than o		Reportable	Reportable	n		imate ount	
	week					is botł or/trus		compensation from	compensatio from related			ount	OT
	(list any	tor						the	organization		comp		tion
	hours for	Individual trustee or director				5		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			nizat	
	organizations	trust	Institutional trustee		yee	admo		1099-NEC)	,		•	relat	
	below	idual	ution	5	Key employee	est co	er				orga	nizati	ons
	line)	Indiv	Instit	Officer	Key e	High	Former						
		1											
			-	-		-	-						
			-	-	-		-						
1b Subtotal								611,506.	836,23		123	3,7	16.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								611,506.	836,23	35.	123	3,7	16.
2 Total number of individuals (including but n								eceived more than \$100.	000 of reportable				
compensation from the organization						,		,					2
												Yes	No
3 Did the organization list any former officer,	director trust	ee k	ev e	empl	ove	e or	hic	phest compensated empl	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for s										Ē	3		х
4 For any individual listed on line 1a, is the su										····			
										- F	4	Х	
and related organizations greater than \$150										····	4	21	
5 Did any person listed on line 1a receive or a										H	-		X
rendered to the organization? <i>If "Yes." corr</i> Section B. Independent Contractors	plete Schedul	e J f	or si	ich i	oers	on					5		л
								μ	100.000 - (
1 Complete this table for your five highest co	-	-								pensat	ion tro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thir		ear.				
(A)	addraaa	37/	~ * * *	_				(B)	ornicaca	0	(C		-
Name and business	audress	NC	ONI	5				Description of s	ervices	0	ompen	Salio	
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	l above) who received mo	ore than				
\$100,000 of compensation from the organized	-				C								

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION of Bevenue

			2022) FOUNDATION				83-0449	176 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
			Membership dues 1b	475,000.				
			Fundraising events 1c					
àifts ar ∕		d	Related organizations 1d					
s, G		е	Government grants (contributions) 1e	108,373.				
tion r Si		f	All other contributions, gifts, grants, and					
ibui				699,239.				
ontr od O			Noncash contributions included in lines 1a-1f		4 000 (10			
a Č		h	Total. Add lines 1a-1f		4,282,612.			
	_			Business Code				
Program Service Revenue	2	a						
erv ue		b						
m S ven		c c						
gra Re		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
_	3		Investment income (including dividends, inter-					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties		10,301.			10,301.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	•			
		h	assets other than inventory 7a Less: cost or other basis					
e		D	and sales expenses					
evenue		c	Gain or (loss)					
Sev			Net gain or (loss)		-2,011.			-2,011.
Other R	8		Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 8t					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9t					
	10		Net income or (loss) from gaming activities					
	10	a	and allowances	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а	OTHER REVENUE	900099	8,185.			8,185.
ane		b						
cell.		с						
Mis			All other revenue		0.105			
			Total. Add lines 11a-11d		8,185.		0	
_	12		Total revenue. See instructions		4,299,087.	0.	0.	16,475.

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Form 990 (2022) 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).

000110110	Check if Schedule O contains a respons				
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Ints and other assistance to domestic organizations	245,000.	245,000.		
2 Gra	ants and other assistance to domestic lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
indi	lividuals. See Part IV, lines 15 and 16	223,200.	223,200.		
4 Ber	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
trus	stees, and key employees	464,265.	332,684.	90,181.	41,400.
	mpensation not included above to disqualified				
-	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)		506 050	1.0.00	
	ner salaries and wages	527,333.	526,070.	1,263.	
	nsion plan accruals and contributions (include	10 860	10 000		
	tion 401(k) and 403(b) employer contributions)	13,763.	13,763.		
	her employee benefits	22,080.	22,080.	4 500	0 005
	yroll taxes	66,684.	60,179.	4,500.	2,005.
	es for services (nonemployees):				
	nagement				
	gal	14,198.	5,871.	8,327.	
		14,190.	5,071.	0,527.	
	bbying	62,004.			62,004.
	Ifessional fundraising services. See Part IV, line 17	02,004.			02,004.
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A), amount, list line 11g expenses on Sch O.)	171,440.	148,163.	23,277.	
	vertising and promotion	2,628.	2,628.	2372774	
		8,609.	5,602.	3,007.	
	prmation technology		•,••=•		
	yalties				
	cupancy	97,294.	86,497.	10,797.	
	avel	356,081.	335,641.	20,440.	
18 Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials	53,506.	53,506.		
19 Cor	nferences, conventions, and meetings	140,027.	139,476.	551.	
20 Inte	erest	4,138.		4,138.	
21 Pay	yments to affiliates				
22 Dep	preciation, depletion, and amortization				
23 Inst	urance	46,887.	36,927.	9,960.	
abo [,] line	er expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				
	AILING CAMPAIGN	840,945.	526,236.	12.	314,697.
	ELEPHONE	14,587.	6,595.	7,992.	
	RINTING AND COPYING	5,275.	4,383.	712.	180.
d					
e All o	other expenses				
<u>25 Tota</u>	al functional expenses. Add lines 1 through 24e	3,379,944.	2,774,501.	185,157.	420,286.
26 Joir	nt costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
	icational campaign and fundraising solicitation.				
Che	eck here if following SOP 98-2 (ASC 958-720)	902,949.	526,236.	12.	376,701.

INTERNATIONAL	CONSERVATION	CAUCUS
FOUNDATION		

	(2022) FOUNDATION				03-0)449176 Page
	Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			463,325.	1	568,061
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net			631,840.	3	1,505,30
4	Accounts receivable, net				4	, ,
5	Loans and other receivables from any current of				-	
-	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disquali					
ľ	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	–			18,480.	9	17,19
	Land, buildings, and equipment: cost or other	I I		10,400.	9	17,15
IUa	basis. Complete Part VI of Schedule D	102	39,706.			
h			39,706.	0.	10c	
	Less: accumulated depreciation			0.	11	
11	Investments - publicly traded securities				<u> </u>	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	116,65
14	Intangible assets		44,514.	14	50,43	
15	Other assets. See Part IV, line 11		1,158,159.	15	2,257,65	
16	Total assets. Add lines 1 through 15 (must equ			143,517.		339,48
17	Accounts payable and accrued expenses			25,000.		
18	Grants payable			23,000.	18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela			100 004	23	
24	Unsecured notes and loans payable to unrelate			107,274.	24	
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X	0		110 00
	of Schedule D			0.	+ +	116,65
26	Total liabilities. Add lines 17 through 25			275,791.	26	456,14
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					100.00
27	Net assets without donor restrictions	37,410.	27	186,98		
28	Net assets with donor restrictions			844,958.	28	1,614,53
	Organizations that do not follow FASB ASC 9	58, check	here			
	and complete lines 29 through 33.		Ļ			
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ea	uipment fu	und		30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances		L	882,368.	32	1,801,51
33	Total liabilities and net assets/fund balances			1,158,159.	33	2,257,65

Form	990 (2022) FOUNDATION	83-044	19176	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			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,299	<u>,087.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,944.
3	Revenue less expenses. Subtract line 2 from line 1	3		,143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	882	,368.
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	1,801	,511.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		
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	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	

Form **990** (2022)

(Fo	rm 99	DULE A 90) f the Treasury	Co	OMB No. 1545-0047 2022 Open to Public						
		nue Service		At /Go to www.irs.gov		Inspection				
							identification number 3-0449176			
Pa	rt I	Reason f	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only (one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school desc	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	-							
5					llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		-		Complete Part II.)						
6			-	-	nental unit described in s					a shelf a she a sufficient for
'	X	0		•	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	DUDIIC described in
8		-		omplete Part II.)	(1)(A)(vi). (Complete Parl	• 11 \				
9	H	-			in section 170(b)(1)(A)(i		d in coni	inction with a	land-grant	college
5		•		•	ulture (see instructions).				•	•
		university:		jiani senege er agne				, and clare er	and conlege	
10			on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section &	509(a)(2). (Co	mplete Part III.)						
11		An organizatio	on organized a	and operated exclusi	vely to test for public saf	ety.See	section 50	09(a)(4).		
12		-	-	-	vely for the benefit of, to				-	
					d in section 509(a)(1) o					Check the box on
		7	•	• •	f supporting organizatior	-			-	
а				-	upervised, or controlled	• • • •	-			
			-	complete Part IV, Se	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the st	ipporting
b		¬ -		-	or controlled in connect	ion with ite	s sunnorte	organizatio	n(s) hy hay	vina
	L			-	anization vested in the sa			-		•
			-	t complete Part IV,					5	
с		¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
		its supporte	d organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III noi	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppo	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	quirement and	I an attentiv	/eness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е			•		written determination from			Туре I, Туре	II, Type III	
-					nally integrated supportir					[]
		er the number of		•						
<u> </u>		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	•	organization			(described on lines 1-10	in your governi Yes	No	support (see ir	-	support (see instructions)
					above (see instructions))					
Tota	ıl									

INTERNATIONAL CONSERVATION CAUCUS Schedule A (Form 990) 2022 FOUNDATION 83-0449176 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2041595.	3810659.	2956438.	2627702.	4282612.	15719006.
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	2041595.	3810659.	2956438.	2627702.	4282612.	15719006.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4722262.
	Public support. Subtract line 5 from line 4.						10996744.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2041595.	3810659.	2956438.	2627702.	4282612.	15719006.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	72.				8,290.	8,362.
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.	8,185.	
11	Total support. Add lines 7 through 10						15739779.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	64,643.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stor						
-	ction C. Computation of Publi					<u>г г</u>	<u> </u>
14	Public support percentage for 2022 (I					14	<u>69.87</u> %
15	Public support percentage from 2021					15	74.45 %
1 6a	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the c	-					
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
e	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	\$

Schedule A (Form 990) 2022

Part II

INTERNATIONAL	CONSERVATION	CAUCUS
FOUNDATION		

Schedule A (Form 990) 2022 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	-					
Section B. Total Support	_					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6		(-) =				- (7)
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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orgai	nization,
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 2	022 (line 10c. colur	nn (f), divided by li	ne 13. column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

1

Yes

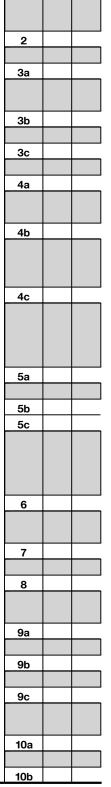
No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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



Schedule A (Form 990) 2022

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c

<u>detail in </u>Part VI Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

Part IV

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type	III Supporting	g Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental e	entity. Describe in Part VI how	you supported a governmental e	ntity (see instruction <u>s).</u>
---	--	---	---------------------------------	--------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

Yes

Yes No

1

2

1

No

	INTERNATIONAL CONSERVAT	ION C		
	dule A (Form 990) 2022 FOUNDATION			83-0449176 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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) 2022

Sche Par	dule A (Form 990) 2022 FOUNDATION t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu		3-0449176 Page 7
	on D - Distributions		nizations (continu	uea)	Current Year
	Amounts paid to supported organizations to accomplish exer	motipurposos		1	Gurrent real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp				
~	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021		-		
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount		-		
i	Carryover from 2017 not applied (see instructions)		_		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	-			
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			_	
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	5				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
-	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

		INTERNATIONAL	CONSERVATION	CAUCUS	
Schedule A	(Form 990) 2022	FOUNDATION			83-0449176 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, nes 2 and 3; Part IV, Sectio 8; and Part V, Section E, line	9b, 9c, 11a, 11b, and 11c n E, lines 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

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

2022

Employer identification number

INTERNATIONAL	CONSERVATION	CAUCUS
FOINDATION		

Organization type (check one):

83-0449176

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 for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless

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) (2022)

	ATION		83-0449176
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$2,000,0	0.0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$150,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$100,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4		\$260,00	0.0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5		\$108,3'	73. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	· · · · · ·	3-0449176 (d) Date received (d) Date received
(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) \$	Date received (d) Date received (d) (d) (d) (d)
(b) Description of noncash property given	FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.)	Date received (d) Date received (d) (d) (d) (d)
Description of noncash property given	(c) FMV (or estimate) (See instructions.) (c) FMV (or estimate)	Date received
Description of noncash property given	FMV (or estimate) (See instructions.) \$	Date received
	(c) FMV (or estimate)	
	FMV (or estimate)	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b) FMV (or estimate) (b) \$

Schedule I	B (Form 990) (2022)				Page 4		
	organization				Employer identification number		
INTER	NATIONAL CONSERVATION CA	AUCUS					
FOUND					83-0449176		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the followin	a line entry. For or	anizations			
_	Use duplicate copies of Part III if additional	space is needed.		e year. (Enter this into.	once.) ·		
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of g	jirt.	(d) Des	cription of how gift is held		
		(e) Transf	er of gift				
			-				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
(a) No.		()11 (() 5			
from Part I	(b) Purpose of gift	(c) Use of g	litt	(d) Des	cription of how gift is held		
		<u> </u>					
	(e) Transfer of gift						
			Б	alationahin of tw			
·	Transferee's name, address, a	N	elationship of tra	ansferor to transferee			
(a) No. from			f gift (d) Description of how gift is he		evintion of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of g	jirt.	(d) Des	cription of now gift is neid		
·		(a) T urne f					
		(e) Transf	er of gift				
	Transferee's name, address, a	nd 7IP + 4	B	elationshin of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of g	uift		cription of how gift is held		
Part I		(0) 030 01 g	,	(0) Des			
		(_) T	or of citt				
		(e) Transf	er of gift				
	Transferee's name, address, a	nd 7IP + 4	D	elationship of tra	ansferor to transferee		
			יח				

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	01(c) and section 5	27	2022
Department of the Treasury Internal Revenue Service	Complete	if the organization is described b to www.irs.gov/Form990 for ins	elow. Attach to Fo	orm 990 or Form 99		Open to Public Inspection
If the organization answ	vered "Yes," or	Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Camp	baign Ac	tivities), then
		plete Parts I-A and B. Do not com				
		01(c)(3)) organizations: Complete Pa	arts I-A and C below. [Do not complete Pa	t I-B.	
 Section 527 organization 		i Form 990, Part IV, line 4, or Fori	n 990-E7 Part VI lin	e 47 (Lobbying Act	ivitios) t	then
		nave filed Form 5768 (election under				
 Section 501(c)(3) org 	anizations that I	nave NOT filed Form 5768 (election	under section 501(h)): Complete Part II-B	. Do not	complete Part II-A.
		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Forn	1 990-EZ	, Part V, line 35c (Proxy
Tax) (See separate inst		is and Osmalata Data III				
 Section 501(c)(4), (5) Name of organization 		ions: Complete Part III. TIONAL CONSERVATIO			Employ	ver identification number
Name of organization	FOUNDAT		JN CAUCUS		Employ	83-0449176
Part I-A Comple		anization is exempt under	section 501(c) o	r is a section 5	27 orga	
		•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			\$_	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the oro	anization is exempt under	section 501(c)(3)		
		incurred by the organization under		,	\$	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m	ade?					Yes No
b If "Yes," describe in		anization is exempt under	\mathbf{c}	woont costion	501/a\/	2)
-		•		-	. , .	5).
		I by the filing organization for sectivization's funds contributed to othe			⊅_	
			-		\$	
		. Add lines 1 and 2. Enter here and				
		1120-POL for this year?				
		nployer identification number (EIN)				
		tion listed, enter the amount paid f omptly and directly delivered to a s				
		additional space is needed, provide				5 5
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's 🤇	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

			IAL CONSERVA	TION CAUCUS		
		NDATION)449176 Page 2
Part II-A	Complete if the organiz section 501(h)).	ation is exer	npt under section	1 501(c)(3) and file	a Form 5768 (el	ection under
A Check	if the filing organization b	elongs to an aff	iliated group (and list ir	Part IV each affiliated	aroup member's nam	e address FIN
	expenses, and share of e					o, addrood, Ent,
B Check	if the filing organization c	necked box A a	nd "limited control" pro	visions apply.		
	Limits on (The term "expenditure	Lobbying Expe s" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lob	bying expenditures to influence	public opinion (grassroots lobbying)			
b Total lob	bying expenditures to influence	a legislative boo	dy (direct lobbying)			
	bying expenditures (add lines 1	and 1b)				
	empt purpose expenditures (add					
	g nontaxable amount. Enter the			16	_	
	<u>ount on line 1e, column (a) or (b) is</u> r \$500,000		bying nontaxable am the amount on line 1e.			
	00,000 but not over \$1,000,000		00 plus 15% of the exc	ess over \$500.000		
	,000,000 but not over \$1,500,00		00 plus 10% of the exc			
	,500,000 but not over \$17,000,0		00 plus 5% of the exce			
	7,000,000	\$1,000				
				-		
g Grassro	ots nontaxable amount (enter 25	% of line 1f)			_	
h Subtrac	t line 1g from line 1a. If zero or le	ss, enter -0-			_	
	t line 1f from line 1c. If zero or le			•		
	s an amount other than zero on g section 4911 tax for this year?			ation file Form 4720		Yes No
	(Some organizations that m	ade a section 5	eraging Period Under i01(h) election do not ate instructions for lii	have to complete all o	f the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year al year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbvin	g nontaxable amount					
	g ceiling amount					
(150% o	f line 2a, column(e))					
c Total lot	bying expenditures					
d Grassro	ots nontaxable amount					
	ots ceiling amount					
	f line 2d, column (e))					
f Grassro	ots lobbying expenditures					

Schedule C (Form 990) 2022

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)	(b)
	e lobbying activity.	Yes	No	Am	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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			5,236.
j	Total. Add lines 1c through 1i			.	5,236.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	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	on 501(c)(5), or sec	tion	
	501(c)(6).				-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				0.1-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"NO" OR	(b) Part I	II-A, IIne	93, 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 politi	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par			• • •	1.0.17	
	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	ist); Part II-	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. TII-B, LINE 1, LOBBYING ACTIVITIES:				

LOBBYING ACTIVITIES: MET WITH VARIOUS ORGANIZATIONS TO DISCUSS

POTENTIAL CONGRESSIONAL STRATEGIES.

SC		Supple	ement	al Financial Statements	;		OMB No. 1545-0047
(Forn	n 990)	Complete Part IV, line (e if the orga	nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	.		2022
	ment of the Treasury			Attach to Form 990.			Open to Public
	Image: Control Contro Control Contro Control Control Control Control Control Control Co					Inspection over identification number	
Nam	e of the organizatio	FOUNDATION				Empic	83-0449176
Par	t I Organiza		or Advise	d Funds or Other Similar Funds	or Acc	counts	
	organizatior	nswered "Yes" on Form 990	0, Part IV, lir	ne 6.			·
				(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at en	of year					
2	Aggregate value of	ontributions to (during year)					
3		ants from (during year)					
4		id of year					
5	-			writing that the assets held in donor advise			
_				exclusive legal control?			Yes No
6		•		advisors in writing that grant funds can be u			
				or donor advisor, or for any other purpose o		0	
Par	impermissible priva			ganization answered "Yes" on Form 990, F			Yes No
1		ation easements held by th			art iv, i		
•		land for public use (for exa	0		a histor	ically in	nportant land area
	Protection of	•	inple, reeree	Preservation of		,	
	Preservation						
2			held a quali	fied conservation contribution in the form c	of a con	servatio	on easement on the last
	day of the tax year	5			ſ		leld at the End of the Tax Year
а	Total number of co	ervation easements			[2a	
b		ed by conservation easeme	and a			2b	
с	Number of conserv	on easements on a certified	d historic str	ucture included in (a)		2c	
d	Number of conserv	on easements included in (c) acquired	after July 25,2006, and not on a			
						2d	
3	Number of conserv	on easements modified, tra	ansferred, re	leased, extinguished, or terminated by the	organiz	ation du	uring the tax
	year						
4		ere property subject to cons					
5	-		• •	riodic monitoring, inspection, handling of			
6	,	ement of the conservation		t noids? handling of violations, and enforcing conse			
6	Stall and volunteer	burs devoted to monitoring,	, inspecting,	fianding of violations, and emorcing conse	ervation	leasem	ients during the year
7		- incurred in monitoring, insp	ecting han	dling of violations, and enforcing conservat	ion eas	oments	during the year
'	Amount of expense	neurea in monitoring, insp	ecting, nam		ion cas	emento	during the year
8	Does each conserv	- on easement reported on li	ne 2(d) aboy	ve satisfy the requirements of section 170(r	n)(4)(B)(i)	
-							Yes No
9				on easements in its revenue and expense s			
		•		note to the organization's financial stateme			bes the
_		ting for conservation easer		-			
Par	t III Organiza	ons Maintaining Colle	ections o	f Art, Historical Treasures, or Otl	ner Si	milar /	Assets.
	Complete if	e organization answered "Y	'es" on Forn	1 990, Part IV, line 8.			
1a	If the organization	cted, as permitted under F	ASB ASC 98	58, not to report in its revenue statement ar	nd balar	nce she	et works
	of art, historical tre	ures, or other similar assets	held for pu	blic exhibition, education, or research in fu	therand	ce of pu	blic
				ncial statements that describes these items			
b	-			58, to report in its revenue statement and b			
			-	c exhibition, education, or research in furthe	erance	of publi	c service,
	-	amounts relating to these if				*	
~	.,			nourse or other similar aposts for financial		\$	
2				easures, or other similar assets for financial	gain, pi	rovide	
~	-			ASC 958 relating to these items:		¢	
	Assets included in					•	
		iction Act Notice, see the		s for Form 990.	<u></u>		chedule D (Form 990) 2022
<i></i> (

INTERNATIONAL CO	NSERVATION	CAUCUS	
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Sche	dule D (Form 990) 2022 FOUNDAT	ION		71 T OTA (۶	33-04	49176) Pa	age 2
Par			t, Histo	orical Tre	asures, or	Other	Similar	Assets	contin	ved)	ige –
3	Using the organization's acquisition, accessi								loonan	404)	
	collection items (check all that apply):				C C	Ū					
а	Public exhibition	c	ı 🗌 ı	Loan or exc	hange progra	m					
b	Scholarly research	e									
с											
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	e organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	r similar a	assets				
_	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	- orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	contributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				1
	Did the organization include an amount on F						y?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete	(a) Current year		rior year	(c) Two year		d) Three ye	are hack	(e) Four	Veare	hack
4		(a) Current year	(0) -	nor year		S DACK (Jais Dauk	(e) i oui	years	Jack
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. (line 1 a) hold oo:						
2	Board designated or quasi-endowment			, column (a)	i) neiù as.						
a b	D	0/	70								
0		⁷⁰									
C	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	ed for the					
ou	organization by:			are note a					ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• •	cumulate reciation	d	(d) Bool	k value	;
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			3	9,706.		39,70	6.			0.
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	nn (B), line 1	0 <u>c.)</u>						0.
									- /-		

Schedule D (Form 990) 2022

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

Schedule D (Fo	orm 990) 2022	FOUNDATION			83-0449176 Page 3
		Other Securities.			
			on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description	n of security or cate	JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial c	derivatives				
(2) Closely he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990), Part X, col. (B) line 12.)			
		Program Related.			
c	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line 1	11c. 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)					
	must equal Form 000), Part X, col. (B) line 13.)			
Part IX C	Other Assets.	, 1 alt X, col. (D) line 10.)			
		anization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must oqual Ec	orm 990, Part X, col. (B) line	15)		
	Other Liabilitie		<i>- 15.)</i>		
			on Form 990. Part IV. line 1	11e or 11f. See Form 990, Part X, line	e 25.
1.	· · ·	escription of liability		,	(b) Book value
	al income taxes	,			(-)
	SE LIABIL	ттү			116,659.
	DI DIADID	± ± ±			110,055.
(3)					
(5)					
(6)					
(7)					
(0)					
(8)					
(9)	<i>"</i> ,	orm 990, Part X, col. (B) line	25.)		

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 CONSERVA	TION CAUCUS		
Schedule D (Form 990) 2022 FOUNDATION		83-0	0449176 Page 4
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1 Total revenue, gains, and other support per audited financial statements			4,299,087.
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	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			4,299,087.
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	10)	5	4,299,087.
5 Totai revenue. Add lines 5 and 4c. (This must equal Form 990, Part I. line	[2.]		
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expension	ses per Return	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV	Statements With Expens , line 12a.	ses per Return	1.
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expens , line 12a.	ses per Return	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV	Statements With Expens , line 12a.	ses per Return	1.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Statements With Expense in the second s	ses per Return	1.
Part XII Reconciliation of Expenses per Audited Financial \$ Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements With Expense in the second s	ses per Return	1.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Statements With Expension , line 12a. 2a 2b	ses per Return	1.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	Statements With Expension , line 12a. 2a 2b 2c	ses per Return	n. 3,379,944.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c 2d	ses per Return	0.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return	n. 3,379,944.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Return	0.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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	2a 2a 2b 2c 2d 2d	ses per Return	0.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	ses per Return	0.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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	2a 2a 2b 2c 2d 2d	1 1 2e 3 4c	0. 3,379,944. 0. 3,379,944. 0.
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	1 1 2e 3 4c	0.

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	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites 📙	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
Department of the Treasury		-	Attach to Form 990.			Dpen to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest	information.		nspection	
Name of the organization					Employer ide	entification number	
INTERNATIONAL (FOUNDATION	CONSERVAT	ION CAUC	05		83-0449	176	
	ormation on A	ctivities Out	side the United States. Comp	ete if the organ			
Form 990, Part				ete il tile olgal			
	•	n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes X No	
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the	
3 Activities per Region. (an be duplicated if additional space is r				
(a) Region	(b) Number of	(c) Number of employees,		• •	vity listed in (d)	(f) Total expenditures	
	offices in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and	
	in the egren	contractors	recipients located in the region)		(s) in the regior	investments in the region	
		in the region			-		
SOUTH ASIA	0	5	PROGRAM SERVICES	CONSERVATIO	N SUPPORT	148,437.	
UNITED KINGDOM	0	1	PROGRAM SERVICES	CONSERVATIO	N SUPPORT	223,200.	
BAHAMAS	0	1	PROGRAM SERVICES	CONSERVATIO	N SIIPPORT	24,737.	
AFRICA	0	5	PROGRAM SERVICES	CONSERVATIO	N SUPPORT	671,829.	
COUMU AMEDICA	0	2		CONGEDUARTO	N GUDDODE	40.160	
SOUTH AMERICA	0	3	PROGRAM SERVICES	CONSERVATIO	IN SUPPORT	40,160.	
3 a Subtatal	0	15				1,108,363.	
3 a Subtotal b Total from continuation						1,100,303.	
sheets to Part I	0	0				0.	
c Totals (add lines 3a							
and 3b)	0	15				1,108,363.	

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

Schedule F (Form 990) 2022

Pade 2	4 5 5	rod of ook, FMV, I, other)					
83-0449176	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(i) Method of valuation (book, FMV, appraisal, other)					
		(h) Description of noncash assistance					
		(g) Amount of noncash assistance	•0				
	ganization answered	(f) Manner of cash disbursement	WIRE TRANSFER				ecognized as a tax valency letter
70	omplete if the orç ded.	(e) Amount of cash grant	223,200,5				oreign country, re ion 501(c)(3) equi
ATION CAUCI	the United States. additional space is ne	(d) Purpose of grant	GENERAL SUPPORT FOR CONSERVATION EFFORTS				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
INTERNATIONAL CONSERV FOUNDATION	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND) (is listed above that are re in for which the grantee o r entities
	eived more than \$5,0	(b) IRS code section and EIN (if applicable)					ecipient organization nization by the IRS, o other organizations o
Schedule F (Form 990) 2022	Part II Grants and Othe recipient who rec	1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi 3 Enter total number of other organizations or entities

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	IV, line 16.	(g) Description of noncash assistance					Sched
83-0449176	n Form 990, Part	(f) Amount of noncash assistance					
83	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.	(e) Manner of cash disbursement					
	tes. Complete if t	(d) Amount of cash grant					
	e the United Sta ⁻ d.	(c) Number of recipients					
FOUNDATION	e to Individuals Outsid	(b) Region					
Schedule F (Form 990) 2022 F ¹	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

INTERNATIONAL CONSERVATION CAUCUS

INTERNATIONAL CONSERVATION CAUCUS

FOUNDATION

Schedule F (Form 990) 2022

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	required 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		
	Cer	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		
		d (see Instructions for Form 8621)	Yes	XNo
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		
		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		
	"Ye	s," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Inst	ructions for Form 5713; don't file with Form 990)	Yes	XNo

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 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

THIS GRANT WAS REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990 o	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatio	n.		Inspection
Name of the organization	INTERNA	TIONAL CONSERVATIO	N CZ	AUCI	JS			identification number
	FOUNDAT						83-044	
	complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990	-EZ filers are not
	•	sed funds through any of the followin	g activ	vities. (Check all that apply.			
a 🛛 Mail solicitat	tions	e Solicita	tion of	non-g	overnment grants			
b Internet and	email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solici		g Special	fundra	aising	events			
d In-person so								
•		or oral agreement with any individual	•	•		tees,		<i>.</i>
		art VII) or entity in connection with p			•		۲ X	
compensated at le	•	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which tr	ne tur	idraiser is to	be
	ast \$5,000 by the							
(i) Name and addres	o of individual		(iii)	Did	(iv) Gross receipts		Amount pai	
or entity (fund		(ii) Activity	have c	ustody htrol of	from activity		or retained b fundraiser	y) to (or retained by)
			contrib	utions?		list	ted in col. (i)	organization
FUNDRAISING STRATEC	GIES, INC -		Yes	No				
1420 SPRING HILL RO	DAD,	FUNDRAISING COUNSEL		x	1,008,865.		62,00	4. 946,861.
		1	1					
Total					1,008,865.		62,00	4. 946,861.
3 List all states in whi	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Cab	INTERNATIONAL CONSERVATION CAUCUS chedule G (Form 990) 2022 FOUNDATION Solution 83-0449176 Page 2									
	edu I rt I			d "Vaa" on Form 000. Da						
Га		of fundraising event contributions and gr								
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events					
				(b) Event #2		(d) Total events (add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
e										
Revenue										
В,	1	Gross receipts								
	_	Lease Oracle in the time								
	2	Less: Contributions								
	_									
	3	Gross income (line 1 minus line 2)								
		Orah mina								
	4	Cash prizes								
	_									
	5	Noncash prizes								
sec	_									
per	6	Rent/facility costs								
Direct Expenses	_									
rect	7	Food and beverages								
ē	-									
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through								
	11	Net income summary. Subtract line 10 from I								
Pa	irt I		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull take (instant		()) Tatal manaka n (a dal				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				bingo/progressive bingo						
Be										
	1	Gross revenue								
	_	Cash avian								
es	2	Cash prizes								
penses	_									
욊	3	Noncash prizes								
ŭ,										
Direct	4	Rent/facility costs								
		Other direct evidences								
	5	Other direct expenses			Ver %					
			Yes%							
	5 6	Other direct expenses	Yes %	│	│ Yes % │ No					
	6	Volunteer labor	No	No	No					
	6	Volunteer labor	No		No					
	6 7	Volunteer labor	5 in column (d)	No	No					
	6	Volunteer labor	No	No	No					
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	5 in column (d)	No	No					
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No S in column (d) from line 1, column (d)	No	No					
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	No N	No No states?	No					
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	No No states?	No					
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	No N	No No states?	No					
a b	6 7 8 Ist	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No	states?	No	YesNo				
a b 10a	6 7 8 Ist Ist	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	states?	No	YesNo				
a b 10a	6 7 8 Ist Ist	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	states?	No	YesNo				
a b 10a	6 7 8 Ist Ist	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	states?	No	YesNo				

232082 10-27-22

Sch	nedule G (Form 990) 2022	INTERNATIONAL CONSERVATION CAUCUS FOUNDATION	83-0449176	6 Page 3
	· · · · ·	gaming activities with nonmembers?		
		neficiary or trustee of a trust, or a member of a partnership or other entity formed		
		?	Yes	No No
13	Indicate the percentage of gami			
á	a The organization's facility		13a	%
				%
14	Enter the name and address of	the person who prepares the organization's gaming/special events books and record	S:	
	Name			
	Address			
15a	a Does the organization have a co	intract with a third party from whom the organization receives gaming revenue? \dots	Yes	No No
ł	b If "Yes," enter the amount of ga	ming revenue received by the organization \$ and the am	ount	
	of gaming revenue retained by t	he third party \$		
C	c If "Yes," enter name and addres	s of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensatior	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatan, distributions:			
	Mandatory distributions:	er state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No
ł		s required under state law to be distributed to other exempt organizations or spent ir	·····	
	organization's own exempt activ			
Pa	art IV Supplemental Info	rmation. 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.		
SC	HEDULE G, PART I	LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
(I) NAME OF FUNDRA	ISER: FUNDRAISING STRATEGIES, INC		
<u>, </u>				
(1) ADDRESS OF FUNI	DRAISER: 1420 SPRING HILL ROAD, MCLEAN, VA	22102	

		INTERNATIONAL	CONSERVATION	CAUCUS		
Schedule G	(Form 990) Supplemental Inform	FOUNDATION			83-0449176 _{Ра}	age 4
Faitiv	Supplemental mon	(continued)				

SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	er Assistanc d Individuals answered "Yes" of	te to Organi s in the Unit on Form 990, Part	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Is	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	ion INTERNATIONAL FOUNDATION		CONSERVATION CAU	TION CAUCUS				Employer identification number 83-0449176
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants c	or assistance, the g	rantees' eligibility	for the grants or assis	tance, and the selectic	[
	critteria used to award the grants or assistance?	tance?						Yes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monite	oring the use of grant fu	unds in the United	States.			
Part II Grants and recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organiz 5,000. Part II can I	ations and Domestic be duplicated if additio	Governments. Contradict Contradicts of the contradict of the con	omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
1 (a) Name and ad or gov	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	CIL OF NATIONS ET, NW 007	27-3152104	501C3	245,000.	•0			CONSERVATION SUPPORT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				1.
	Enter total number of other organizations listed in the line 1 table	ilisted in the line 1	table					0.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

INTERNATIONAL CONSERVATION CAUCUS Schedule I (Form 990) 2022 FOUNDATION	CONSERVATI	ION CAUCUS			83-0449176 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	s. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(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.	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22					Schedule I (Form 990) 2022

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-
Depar	tment of the Treasury	Attach to Form 990.	C	Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	mployer iden	Inspe		
Nam	e of the organization		83-044			mber
Pa	rt I Question	FOUNDATION s Regarding Compensation	03-044	917	0	
Га					Vee	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 990	0		Yes	No
la		line 1a. Complete Part III to provide any relevant information regarding these items.	Ο,			
	First-class or c					
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fees	01100			
		spending account	chef)			
			51101)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	Ũ	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization t	to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation com	Imittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r					
				5a		X
b		ation?		5b		X
		pr 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r	с. С				v
				6a		X
b		ation?		6b		X
_		br 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)) 2022

Schedule J (Form 990) 2022 FOUNDATION	AT	ION			83-0449176	176		Page 2
s, Trustee	oldu	yees, and Highest C	compensated Empl	oyees. Use duplica	e copies if additional s	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 (i). Do not list any individuals that aren't listed on Form 990, Part VII.	be rep orm 9	ported on Schedule J 390, Part VII.	l, report compensati	on from the organize	tion on row (i) and fror	n related organizations	s, described in the inst	ructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	a inc	dividual must equal th		orm 990, Part VII, Se	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	able column (D) and (E	:) amounts for that ind	ividual.
		(B) Breakdown of W-2 and/ com	-2 and/or 1099-MIS0 compensation	/or 1099-MISC and/or 1099-NEC pensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN B. GANTT, JR.	Ξ	215,000.	.0	.0	6,539.	54,459.	275,998.	.0
PRESIDENT	(ii)	106,240.	0.	.0	0.	• 0	106,	•0
(2) DAVID BARRON	(i)	N	0.	.0	2,261.	1,256.	60,	0.
CHAIRMAN	(ii)	1	0.	0.	1	N	255,	
(3) SUSAN LYLIS	Ξ	>	0.	0.	`	>	•	
VICE - PRESIDENT	(ii)	1	0.	0.	1,630.	4,112.	81,482.	.0
(4) FRED BRIZZI	Ξ	42,	.0	•0•	`	• 0	43,	•0
DIRECTOR OF COMMUNICATION	(ii)	117,883.	0.	0.	4,715.	.0	122,598.	.0
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Schedule J (Form 990) 2022 FOUNDATION	83-0449176 Page 3	e
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.	te this part for any additional information.	
		1
	Schedule J (Form 990) 2022	5

INTERNATIONAL CONSERVATION CAUCUS

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



83-0449176

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, PART VI, SECTION B, LINE 11B:

FOUNDATION

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

THE POLICY.

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

PROCESS FOR TOP OFFICIAL COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

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

<u>Schedule O (Form 990) 20</u>	22	Page 2
Name of the organization	INTERNATIONAL CONSERVATION CAUCUS FOUNDATION	Employer identification number 83-0449176
		•

TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEAR.

SCHEDULE R (Form 990)	Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin	tnerships e 33, 34, 35b, 36,	or 37.	ō	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.	to Form 990. Instructions and the latest	information.		0	Open to Public Inspection
Name of the organization	INTERNATIONAL FOUNDATION	CONSERVATION CAUCUS				Employer identification number 83-0449176	cation number 76
Part I Identification of Dis	sregarded Entities. Complet	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity) EIN (if applicable) ded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e End-of-year assets		(f) Direct controlling entity
Identification of Related Tax-Ex Part II organizations during the tax year.	Identification of Related Tax-Exempt Organizations. organizations during the tax year.	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	swered "Yes" on Form 990	Part IV, line 34, b	ecause it had one o	more related tax-exe	mpt
(a) Name, address, and EIN of related organization) ss, and EIN ganization	(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 controlling entity	Section 512(b)(13) controlled entity?
CONSERVATION COUNCIL OF N 25786 GEORGETOWN STATION, WASHINGTON, DC 20027	NATIONS - 27-3152104 N, NW	CONSERVATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see the Instruction	s for Form 990.				Schedule R	Schedule R (Form 990) 2022

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232161 09-14-22 LHA

Schedule R (Form 990) 2022 FOUI	FOUNDATION			2					83-0	83-0449176	Pade 2
Rels ited	rganizations Taxable a	is a Partne x year.		f the organizat	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990), Part IV, line	34, because	e it had one or r	more relate	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, umelated, excluded from tax under secritons 512-514)		(f) Share of total income e	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (k) General or Percentage managing ownership partner?
		00000			(
Part IV Identification of Related Organizations Taxable as a Corporation or function	rganizations Taxable a	is a Corpo ig the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on	Form 990, P	art IV, line 34	, because it ha	d one or m	ore related
(a) Name, address, and EIN of related organization	EIN Ion	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p, income		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
232162 09-14-22				-			-	-	Sched	dule R (For	Schedule R (Form 990) 2022

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		×
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		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				¥		x
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	X	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				1p	X	
q Reimbursement paid by related organization(s) for expenses				1q	Х	
r Other transfer of cash or property to related organization(s)				1r		×
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	ho must complete thi	s line, including covered re	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CONSERVATION COUNCIL OF NATIONS	ບ	245,000.	COST OF GRANT PAID			
(2)						
(3)						
(4)						
6	-					

Schedule R (Form 990) 2022

(6) 232163 09-14-22

INTERNATIONAL CONSERVATION CAUCUS POUNDATION Rations Tarable as a Partnership. Complete If the organization answered "Yea" on Form 900. Part IV, line 37. Rations Tarable as a Partnership. Complete If the organization answered "Yea" on Form 900. Part IV, line 37. Ioin for each mity rate and a partnership. To the partner of the sachtlike (measured by total assets or generation. See Instruction contain matching accluation for cardinal matching accluation of the sachtlike (measured by total assets or generation). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (measured by total assets of the partnership). Evaluation (See Instruction of the sachtlike (Measured by total assets t	Page 4	enue)	(j) (k) General or Percentage managing partner? Ves No																Schedule R (Form 990) 2022
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INTERNATIONAL CONSERVATION CAUCUS ISTERNATIONAL CONSERVATION CAUCUS ISTERNATION ISTERNATION ISTERN		asured by	(h) Dispropor- tionate allocations?	; ; ;															
INTERNATIONAL CONSERVATION CAUCUS nego_scoz FOUNDATION ated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 590, Part IV, Ins with printmation for each antity taxed as a partnership. Complete if the organization conducted more than free percent with printmation for each antity taxed as a partnership. Complete if the organization conducted more than free percent with printmation for each Phinay activity Legal donicile Preformation attribution Phinay activity Legal donicile Preformation State of conducted more than free of		37. of its activities (mea	(g) Share of end-of-year assets																
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INTERNATIONAL	CONSERVATION	CAUCUS
FOUNDATION		

Schedule R	(Form 990) 2022

Dort VII	Supplemental Information
Γαιινιι	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.