Form <b>990</b>
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## \*\* 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.

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

<u>A I</u>	For the	e 2022 calendar year, or tax year beginning and ending and ending		
B	Check if applicabl	c Name of organization	D Employer identified	cation number
	Addre	INSTITUTE FOR CONSERVATION LEADERSHIP		
	Name		52-17082	11
	chang Initial	Number and street (or P.0. box if mail is not delivered to street address) Room/s		
	return _Final	115 CENTEDWAY 207	(443)814	
L	lreturn termir ated		G Gross receipts \$	1,651,784.
	Amen	<b>J</b>	H(a) Is this a group re	
	Applic		for subordinates	
	pendi	<sup>19</sup> SAME AS C ABOVE	H(b) Are all subordinates ir	
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 🦳		list. See instructions
J١	Websi	te: WWW.ICL.ORG	H(c) Group exemptio	n number
Κ	Form of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🛛 L	Year of formation: 1990	State of legal domicile: DC
Pa	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: SEE PART	III, LINE 1.	
Governance				
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		8
		Number of independent voting members of the governing body (Part VI, line 1b)		7
es Sa	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		7
Viti	6	Total number of volunteers (estimate if necessary)		8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)	1,002,614.	
Revenue	9	Program service revenue (Part VIII, line 2g)	2,040.	
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,929.	5,915.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,008,583.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	528,704.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. D	Total fundraising expenses (Part IX, column (D), line 25)       27,190.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	380,984.	463,129.
_	1 17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	909,688.	1,169,795.
		Revenue less expenses. Subtract line 18 from line 12	98,895.	481,989.
78			Beginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)	869,514.	1,401,349.
ASSI	21	Total liabilities (Part X, line 26)	59,482.	124,493.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	810,032.	1,276,856.
	art II	Signature Block		
Und	er pena	- Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	v knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based mill information of which pre	arer has any knowledge.	
		China O Tune	20 Oct	ober 2023
Sig	n	Signature of officer	Date	
Her		DIANNE RUSSELL, PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's Signature	Date Check	PTIN
Paid	d	RICHARD J. LOCASTRO, CPA Richard J. Locast	(10/19/2023 self-employ	
Droi	narar	$\mathbf{F}_{\mathbf{F}}$	Eirm's EIN 5	2-1392008

Preparer	Firm's name	GELMAN, ROSENBERG & FREEDMAN $^{\vee}$	Firm's EIN 52-1392008
Use Only	Firm's address	4550 MONTGOMERY AVE SUITE 800N	
		BETHESDA, MD 20814-2930	Phone no. 301 - 951 - 9090
May the IF	RS discuss this r	eturn with the preparer shown above? See instructions	X Yes
232001 12-13	3-22 LHA Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (20

No

Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Stiefly describe the organization's mission: TO SUPPORT HEALTHY COMMUNITIES AND A HEALTHY EARTH, THE INSTITUTE FOR CONSERVATION LEADERSHIP STRENGTHENS LEADERS, ORGANIZATIONS, COALITIONS AND NETWORKS.	Form	990 (2022) INSTITUTE FOR CONSERVATION LEADERSHIP 52-1708211 Page 2
1 Detry decrete the organization's meson: TO SUPPORT HEALTHY COMMUNITIES AND A HEALTHY EARTH, THE INSTITUTE FOR CONSERVATION LEADERSHIP STRENGTHENS LEADERS, ORGANIZATIONS, COALITIONS AND NETWORKS. 2 Did the organization cancel and significant program services during the year which were not listed on the prior form \$80 or \$80.627 H"Ves. (%) describe these new services on Schedule 0. Did the organization cancel conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if and, for each program service accompliating service of the amount of grants and allocations to others, the total expenses, and revenue, if and, for each program service accompliating service (CLLABORATIVE MORK IN THE DELAWARE RIVER WATERSHED INITIATIVE, AND SUPPORTED COLLABORATIVE MORK IN THE DELAWARE RIVER WATERSHED INITIATIVE, AND SUPPORTED COLLABORATIVE COLLABORATIVE COLLABORATIVE CAPACITY ACROSS OHIO. IN ADDITION ICL ANNOLLY PROVIDES THAT PROVIDE HIGH QUALITY AND SUPFICIENCE 2018 ICL'S LEADING ENVIRONMENTAL CHANGE INITIATIVE HAS CREATED ORGANIZATIONAL AND COLLABORATIVE CAPACITY ACROSS OHIO. IN ADDITION ICL ANDULLY PROVIDES PROGRAMMING AND SUPPORT THROUGH SPECIFIC SERVICES, EDUCATIONAL PROGRAMING AND CONSULTING TO THOUSANDS OF LEADERS WHO WORK FOR ECOLOCICAL AND HUMAN HEALTH.	Par	t III Statement of Program Service Accomplishments
TO SUPPORT HEALTHY COMMUNITIES AND A HEALTHY EARTH, THE INSTITUTE FOR CONSERVATION LEADERSHIP STRENGTHENS LEADERS, ORGANIZATIONS, COALITIONS AND NETWORKS.         2       Diff the organization undertake any significant program services during the year which were not listed on the prior from 500 or 9062?       Image: Conservation of the organization codes conducting, or make significant changes in how it conducts, any program services?       Image: Conservation of the organization reason complete memory organization reasons on Schedule 0.         3       Dd the organization's program service accompliatments for each of its three largest program services; an measured by appress. Sectors 501(68) and 501(64) (68) (68) (68) (68) (68) (68) (68) (68		Check if Schedule O contains a response or note to any line in this Part III
CONSERVATION LEADERSHIP STRENGTHENS LEADERS, ORGANIZATIONS, COALITIONS AND NETWORKS.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or B00.E27       Im **es; *discribe these invoices on Schedule 0.         11 **es; *discribe these invoices on Schedule 0.       Im **es; *discribe these invoices on Schedule 0.       Im **es; *discribe these changes on Schedule 0.         12 **es; *discribe these invoices on Schedule 0.       Im **es; *discribe these changes on Schedule 0.       Im **es; *discribe these changes on Schedule 0.         14 **es; *discribe these invoices on Schedule 0.       Im **es; *discribe these changes on Schedule 0.       *es; *discribe these changes on Schedule 0.         40 **es; *discribe these invoices on Schedule 0.       Im **es; *discribe these changes on Schedule 0.       \$5,242.         41 **es; *discribe these invoices on Schedule 0.       Strept Schedule 0.       \$5,242.         42 **es; *discribe these invoices on Schedule 0.       Strept Schedule 0.       \$5,242.         43 **es; *discribe these invoices on Schedule 0.       Strept Schedule 0.       \$5,242.         44 **es; *discribe these invoices on Schedule 0.       Strept Schedule 0.       \$5,242.         45 **es; *discribe these invoices on Schedule 0.       Strept Schedule 0.       \$1,62,688.       *extemp grant schedule 0.         46 **es; *discribe these invoices invoices invoices inditeratingrant schedule 0.       \$1,62,688. <td>1</td> <td></td>	1	
AND NETWORKS.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 380 or 680-527       Ives (X) Not the organization cases conducting, or make significant changes in how it conducts, any program services?       Ives (X) Not it is the organization cases conducting, or make significant changes in how it conducts, any program services?       Ives (X) Not it is the organization cases conducting, or make significant changes in how it conducts, any program services?       Ives (X) Not it is the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(s) and 501(a)(b) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service second to the amount of grants and allocations to others, the total expense, and revenue, if any, for each program service accomplishments for each of its three largest program services?         Q (cose ) (lognows 8       885, 242.       Ives (X) NM WATERSHED INTITATIVE, AND SUPPORT WORK IN THE DELAMARK FIVER WATERSHEDS THAT PROVIDE HOUALITY AND SUPPORT the CLABORATIVE CAPACITY WORK IN THE DELAMARK FIVER WATERSHEDS THAT PROVIDE HANGE INTITATIVE HAS CREATED ORGANIZATIONAL AND COLLEAGORATIVE CAPACITY ACONSULTING TO THOUSAND SO LEADERS WHO WORK FOR ECOLOGICAL AND HUMAN HEALTH.         40       (cose ) (logneeses 162, 688. incluing grate of s) (there is a second by organize to the second by organize to s) (there is a second by NORKSHOPS, BLOG POSTS, WEBSITE RESOURCES, AND ONE-ON-ONE MEETING FACULTATION USING WEBTINGS, AND ONE-ON-ONE MEETING FACULTATION USING WEBTINGS, AND ONE-ON-ONE MEETING FACULTATION (In grates of s) (thereves 1) (there is a second s) (thereves 1) (		•
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pror Form 800 or 800 C27		AND NETWORKS.
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<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>		prior Form 990 or 990-EZ?
<ul> <li>di "vs; "describe these changes on Schedule 0</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(8) and 501c(8) a</li></ul>		
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DISCUSSIONS, WORKSHOPS, BLOG POSTS, WEBSITE RESOURCES, AND ONE-ON-ONE         MEETINGS.		
MEETINGS.		
4d     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses 1,047,930.		
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(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       1,047,930.         Form 990 (2023)	<i></i>	Other program convises (Describe on Schedule O.)
4e     Total program service expenses     1,047,930.       Form 990 (202)	40	
Form <b>990</b> (202)	40	
	40	
	232002	

Form 990 (2022)		-	CONSERVATION	LEADERSHIP
Part IV Checklist of R	equired Schedul	les		

			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> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI	110		
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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	<b>990</b> (	X
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Form 990 (2				CONSERVATION	LEADERSHIP
Part IV	Checklist of Re	equired Schedu	iles <sub>(cc</sub>	ontinued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
<b>ا</b> م	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	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		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
~	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			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) INSTITUTE FOR CONSERVATION LEADERSHIP 52-1708	211	P	age <b>5</b>
Par				
			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
		50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<u> </u>
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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		[
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders <b>N/A</b>			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
h				
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? $N/A$	17		<b></b>
	If "Yes," complete Form 6069.		000	
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Form 990	(2022)
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### INSTITUTE FOR CONSERVATION LEADERSHIP

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

	tion A. Governing Body and Management				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		····· ⊢	~		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6				6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· ⊢	0		
1a			-	7a		Х
<b>b</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		······ ⊢'	ra		- 11
b		,	-	71.		Х
~	persons other than the governing body?		·····  -'	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				X	
a	The governing body?			Ba	X	
D	Each committee with authority to act on behalf of the governing body?		······   ²	3b	<u>^</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			~		v
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			Y.	
	<b></b>		Γ.	-	Yes	No
	Did the organization have local chapters, branches, or affiliates?		······  1	0a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			0b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the fo	rm? <b>1</b>	1a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		_		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		······ –	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		<b> 1</b>	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	(es," describe				
	on Schedule O how this was done			2c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		······  -	14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		1	5a	X	
b	Other officers or key employees of the organization		1	5b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a	_			
	taxable entity during the year?		1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u>	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	1(c)(3)s or	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i> )	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest pol	icy, and fir	nanc	ial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
20	DIANNE RUSSELL - (443)814-9295					
20						
20	115 CENTERWAY, 207, GREENBELT, MD 20770					

Form 990 (2	J22) INSTITUTE FOR CONSERVATION L	EADERSHIP J.	2-1/00211	Page I
Part VII	Compensation of Officers, Directors, Trustees, Key Emplo	oyees, Highest Compensa	ted	
	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 Compensate	ed Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the	e calendar vear ending with or with	in the organization's ta	ax vear

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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				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t corr		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANNE J. RUSSELL	40.00					1				
PRESIDENT		х		х				148,391.	0.	15,260.
(2) SARAH CLARK	40.00									
SENIOR ASSOCIATE						X		136,423.	0.	23,262.
(3) JOY JACKSON	40.00									
SENIOR ASSOCIATE						Х		117,299.	0.	16,035.
(4) NAOMI COBB	1.00									
CHAIR (UNITL 8/2022)		Х		Х				0.	0.	0.
(5) BRANDON HAYES	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) CRYSTAL JENNINGS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) JOHN EBEN	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) MADELINE P. FLEISHER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) OLADELE DOSUNMU	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN MILLS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) THU PHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		1								
		1								
232007 12-13-22		•					•			Form <b>990</b> (2022)

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Form **990** (2022)

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	FOR CC	NS	ER	VA	ΤI	ON	L	EADERSHIP	52-17	082	211	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	<i>.</i> .		Posi				Reportable	Reportable		Es	timate	ed
	hours per		not ch , unles					compensation	compensation		an	nount	of
	week	offic	cer an	d a di	recto	r/trust	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	tion
	hours for	or dire				ted		organization	(W-2/1099-MISC	C/	fr	om th	е
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations below	al tru	o nal t		loyee	com l		1099-NEC)				d relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ons
		-											
										-			
1b Subtotal								402,113.		0.	5	4.5	57.
c Total from continuation sheets to Part VI								0.		0.		-/-	0.
d Total (add lines 1b and 1c)								402,113.		0.	5	4,5	
2 Total number of individuals (including but no												-/-	
compensation from the organization					,	,							3
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	aey e	mplo	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual										3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om a	any	unre	late	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	berso	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	m	
(A)				<u>g</u>				(B)			(C	;)	
Name and business address         NONE         Description of services								ervices	C	omper	nsatio	n	
							-						
2 Total number of independent contractors (in	Icluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				0	)						000	

Form **990** (2022)

			2022) INSTITUTE F(	OR	CONSERV	ATION LEADE	ERSHIP	52-1708	211 Page <b>9</b>
Pa	rt \	/	Statement of Revenue						
			Check if Schedule O contains a respon	nse o	r note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	-	b	Membership dues 1b						
ũ g		с	Fundraising events 1c						
ifts ar A		d	Related organizations 1d						
S, G			Government grants (contributions) <b>1e</b>		37,500.				
ŝ			All other contributions, gifts, grants, and		•				
ber				1,6	602,545.				
<u>i</u> fi		g	Noncash contributions included in lines 1a-1f		-				
Cor		h	Total. Add lines 1a-1f			1,640,045.			
					Business Code				
Ð	2	а	PROJECT FEES	Ī	900099	5,824.	5,824.		
, vic		b							
Ser		с		_ [					
am		d							
Program Service Revenue		е		_ [					
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f			5,824.			
	3		Investment income (including dividends, int	teres	st, and				
			other similar amounts)			5,915.			5,915
	4		Income from investment of tax-exempt bon	nd pr	oceeds				
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
evenue		с	Gain or (loss)						
Ě		d	Net gain or (loss)	<u></u>					
Other	8	а	Gross income from fundraising events (not						
₹			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising event	ts .					
	9	а	Gross income from gaming activities. See						
				9a					
				9b					
			Net income or (loss) from gaming activities	····					
	10	а	Gross sales of inventory, less returns						
			and allowances						
			•	10b					
		с	Net income or (loss) from sales of inventory	/					
S				ļ	Business Code				
e e	11	а		_					
Miscellaneous Revenue		b		_					
Cell Seve		с		_					
Mis	d All other revenue								
e Total. Add lines 11a-11d									E 01-
	12		Total revenue. See instructions			1,651,784.	5,824.	0.	5,915.
23200	9 12	-13-	22						Form <b>990</b> (2022

INSTITUTE FOR CONSERVATION LEADERSHIP Part IX Statement of Functional Expenses

52-1708211 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 147,286. 163,651. 13,092. 3,273. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 433,191. 365,056. 55,519. 12,616. Other salaries and wages 7 8 Pension plan accruals and contributions (include 26,595. 22,371. 3,443. 781. section 401(k) and 403(b) employer contributions) 38,544. 32,824. 4,652. 1,068. Other employee benefits 9 44,685. 38,310. 5,178. 1,197. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 109,365. 105,388. 1,563. 2,414. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 674. 674. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 203,335. 197,695. 5,358. 282. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 30,977. 28,003. 1,195. 1,779. Office expenses 13 17,647. 16,348. 356. 943. Information technology 14 15 Royalties 12,237. 13,836. 1,297. 302. 16 Occupancy 19,129. 18,589. 540. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 180. 16,486. 14,956. 1,350. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 3,304. 3,152. 72. 80. Depreciation, depletion, and amortization 22 7,756. 7,400. 168. 188. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 33,038. 675. 34,466. 753. DUES & SUBSCRIPTIONS а STAFF DEVELOPMENT 6,154. 5,277. 713. 164. b С d All other expenses е 1,169,795. 1,047,930. 94,675. 27,190. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2022)

10

11 2022.04030 INSTITUTE FOR CONSERVATIO 19346\_\_1

810,032.

869,514.

30

31

32

33

1,276,856.

1,401,349.

Form **990** (2022)

	Dalance Sheet					
	Check if Schedule O contains a response or not	te to any line	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			105,799.	1	354,780.
2	Savings and temporary cash investments			454,511.	2	99,228.
3	Pledges and grants receivable, net			93,422.	3	715,922.
4	Accounts receivable, net			102,187.	4	76,261.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes	se persons			5	
6	Loans and other receivables from other disqualit	fied persons	s (as defined			
	under section 4958(f)(1)), and persons described	d in section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	<b>D</b>			10,299.	9	9,076.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	47,303. 32,932.			
b	Less: accumulated depreciation	10b	32,932.	2,959. 99,242.	10c	14,371.
11	Investments - publicly traded securities			99,242.	11	104,600.
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,095.	15	27,111.
16	Total assets. Add lines 1 through 15 (must equa			869,514.	16	1,401,349.
17	Accounts payable and accrued expenses			59,482.	17	98,477.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst		ibutor, or 35%			
	controlled entity or family member of any of thes	-			22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated		Г		24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Coi	mplete Part X	0.		26 016
	of Schedule D			59,482.		26,016.
26	Total liabilities. Add lines 17 through 25		X	59,402.	26	124,493.
	Organizations that follow FASB ASC 958, che	eck nere				
07	and complete lines 27, 28, 32, and 33.		-	276,233.	07	121 632
27	<b></b>			533,799.	27	<u>121,632.</u> 1,155,224.
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			555,199.	28	1,133,224.
	•	oo, check r				
20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		H		29	
29 30	Paid in or capital surplus or land building or ec		nd		29	

Form 990 (2022)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

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       1, 651, 784.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 1, 69, 795.         3       Revenue less expenses. Subtract line 2 from line 1       3       481, 989.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       810, 032.         5       Net turnealized gains (losses) on investments       5       -15, 165.         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       1, 276, 856.       Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       1       1, 276, 856.         Part XII       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 on a separate basis, or both:       2a       X         Separate basis, or both: <th>Form</th> <th>1990 (2022) INSTITUTE FOR CONSERVATION LEADERSHIP</th> <th>52-17</th> <th>08211</th> <th>Pag</th> <th><sub>ge</sub> 12</th>	Form	1990 (2022) INSTITUTE FOR CONSERVATION LEADERSHIP	52-17	08211	Pag	<sub>ge</sub> 12			
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 651, 784.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 169, 795.         2       1, 169, 795.       2       1, 169, 795.         3       481, 989.       481, 989.         4       810, 032.       5         5       Net unrealized gains (losses) on investments       5       -15, 165.         6       5       -15, 165.       6         7       8       Prior period adjustments       6         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, 276, 856.         Part XII       Financial Statements and Reporting       10       1, 276, 856.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box be	Pa	rt XI Reconciliation of Net Assets							
2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 169, 795.         3       Revenue less expenses. Subtract line 2 from line 1       3       481, 983.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       810, 032.         5       -15, 165.       6       -15, 165.       6         7       7       8       8       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       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, 276, 856.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       1         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, 276, 856.         Part XIII       Financial Statements and Reporting       10       1, 276, 856.       1, 276, 856.         Part XIII       Financial statements compiled or reviewed by an independent accountant?       1       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI							
2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 169, 795.         3       Revenue less expenses. Subtract line 2 from line 1       3       481, 983.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       810, 032.         5       -15, 165.       6       -15, 165.       6         7       7       8       8       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       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, 276, 856.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       1         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, 276, 856.         Part XIII       Financial Statements and Reporting       10       1, 276, 856.       1, 276, 856.         Part XIII       Financial statements compiled or reviewed by an independent accountant?       1       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
3       Revenue less expenses. Subtract line 2 from line 1       3       481,989.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       810,032.         5       Net unrealized gains (losses) on investments       5       -15,165.         6       5       -15,165.         7       8       Prior period adjustments       6         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))       1, 276, 856.         Part XII       Financial Statements and Reporting       7         11       Check if Schedule O contains a response or note to any line in this Part XII       7         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         12       Were the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         13       Separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         14       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 statement	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       810,032.         5       Net unrealized gains (losses) on investments       5       -15,165.         6       0       7       8         7       7       8         9       0.1       9       0.1         9       0.1       9       0.1         10       Net assets or fund balances (explain on Schedule O)       9       0.1         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 276, 856.         Part XII       Financial Statements and Reporting       10       1, 276, 856.         Check if Schedule O contains a response or note to any line in this Part XII       1       Yes         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 O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2b       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:       2b       X <t< th=""><td>2</td><td>Total expenses (must equal Part IX, column (A), line 25)</td><td>2</td><td></td><td></td><td></td></t<>	2	Total expenses (must equal Part IX, column (A), line 25)	2						
5       Net unrealized gains (losses) on investments       5       -15,165.         6       Donated services and use of facilities       6         7       8       7         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, 276, 856.         PartXII       Financial Statements and Reporting       10       1, 276, 856.         Check if Schedule O contains a response or note to any line in this Part XII       10       1, 276, 856.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Mere 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:       2b       X       If "Yes," to line 2a or 2b, does the organization have a committee that ass	3	Revenue less expenses. Subtract line 2 from line 1	3						
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         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, 276, 856.         Part XII       Financial Statements and Reporting       10       1, 276, 856.         Check if Schedule O contains a response or note to any line in this Part XII       Verestime       2a         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 O.       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, consolidated basis, or both:       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       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes respo	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1   10 1, 276, 8566.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other, " explain on Schedule O.   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   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements audited by an independent accountant?   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, or both:   X Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both cons	5	Net unrealized gains (losses) on investments	5	-15	5,10	<u>55.</u>			
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 1, 276, 8556.</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual</li> <li>Other , explain on Schedule O.</li> <li>2a X</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis</li> <li>Consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Vere the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Cons</li></ul>	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, columm (B))   10 1,276,856.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other "explain on Schedule O. 2a Were the organization 's financial statements compiled or reviewed by an independent accountant? 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, or both: 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 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 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 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 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance	7	Investment expenses	7						
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1,276,856.         Part XII       Financial Statements and Reporting       intervent       1,276,856.         Check if Schedule O contains a response or note to any line in this Part XII       intervent       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	8	Prior period adjustments	8						
column (B)       10       1,276,856.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         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 O.       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       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:       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:       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:       2b       X         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	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
Check if Schedule O contains a response or note to any line in this Part XII   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 O.   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, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   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   D   Both consolidated and separate basis   D   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   C   Consolidated basis   D   Both consolidated and separate basis   C   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?   If the organi			10	1,276	5,8!	56.			
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting							
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   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?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   b Were the organization's financial statements audited by an independent accountant?   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:   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:   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?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a					Yes	No			
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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       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:       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:       2b       X         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 Schedule O.       3a       X         3a       X       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Were the organization's financial statements audited by an independent accountant?   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, consolidated basis   Consolidated basis <tr< th=""><td>2a</td><td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td><td></td><td> 2a</td><td></td><td><u> </u></td></tr<>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Conso</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
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:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       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 Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X		separate basis, consolidated basis, or both:							
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:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis							
consolidated basis, or both:       X         X       Separate basis       Consolidated basis         Both consolidated and separate basis       Consolidated basis         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 Schedule O.       2       X         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	Were the organization's financial statements audited by an independent accountant?		2b	Х				
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.2cX3aAs 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?3aX		consolidated basis, or both:							
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> 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? <b>3a</b> X		X Separate basis Consolidated basis Both consolidated and separate basis							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       X         Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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		<u>X</u>			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

Department of the Treasury

(Form 990)

<u>Total</u>

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Intern	al Reve	enue Service	Go to www.irs.gov/	Form990 for instructior	ns and the	e latest inf	ormation.		Inspection
Nan	ne of	the organization		~~~~~~~~~~~					identification number
Do	irt I	INST Decembric Control Instruction	<u>ITUTE FOR</u>	CONSERVATION	LEADI	RSHIL		5	2-1708211
		Reason for Public (					ee instruction	15.	
	organ	nization is not a private found			-	-			
1		A church, convention of ch	,			on 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g							
		university:						-	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
		activities related to its exer	•					-	•
		income and unrelated busir							
		See section 509(a)(2). (Cor		, , , , , , , , , , , , , , , , , , ,			,	5	,
11		An organization organized a		ivelv to test for public sa	fetv. See	section 50	)9(a)(4).		
12	$\square$	An organization organized a						arrv out the	purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	• •			-		-	giving
		the supported organization			• • •	-		•••••	
		organization. You must c		• • • •					
b		<b>Type II.</b> A supporting org	-		tion with it	s supporte	ed organizatio	n(s), by hay	vina
		control or management o	-				•		-
		organization(s). You mus						5 11	
с		Type III functionally inte	•		in connect	tion with. a	and functiona	llv integrate	ed with.
-		its supported organization		• •				.,	
d		Type III non-functionally	.,.	· ·		-		rted organiz	zation(s)
		that is not functionally int		• •				-	
		requirement (see instructi			-		-		
е		Check this box if the orga						II. Type III	
-		functionally integrated, or					.)pe., .)pe	, . , pe	
f	Fnt	ter the number of supported of			0 0				
q		ovide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
						1			

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#### Schedule A (Form 990) 2022 Part II Support Sched

## INSTITUTE FOR CONSERVATION LEADERSHIP 52-170821

52-1708211 Page 2

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1726406.	313,168.	427,585.	1002614.	1640045.	5109818.					
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	1706406	212 100		1000014	1640045	F100010					
	Total. Add lines 1 through 3	1726406.	313,168.	427,585.	1002614.	1640045.	5109818.					
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,						2201520					
~	column (f)						<u>3381528.</u> 1728290.					
	Public support. Subtract line 5 from line 4.						1720290.					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	Amounts from line 4	1726406.	313,168.	427,585.	1002614.	1640045.	5109818.					
	Gross income from interest,	1/201000	515,100.	427,505.	1002011.	1040045.	5105010.					
0	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	5,106.	4,586.	3,274.	3,929.	5,915.	22,810.					
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.)	8,380.		200.			8,580.					
11	<b>Total support.</b> Add lines 7 through 10						5141208.					
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	519,694.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)						
	organization, check this box and stop											
Sec	ction C. Computation of Publi	ic Support Per	centage									
	Public support percentage for 2022 (I					14	33.62 %					
	Public support percentage from 2021					15	<u>39.19 %</u>					
<b>1</b> 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>						
	stop here. The organization qualifies		-									
b	33 1/3% support test - 2021. If the o											
	and <b>stop here.</b> The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization											
	meets the facts-and-circumstances te	-		• • • •	-							
b	10% -facts-and-circumstances test	-					10% or					
	more, and if the organization meets th											
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>18</b> Private foundation.       If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											
18	Private toundation. If the organization	on ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a							
						Schedule A	(Form 990) 2022					

Schedule A (Form 990) 2022			CONSERVATION		52-1708211	Page 3
Part III Support Schedule for	or Organizations	Desc	ribed in Section 509	)(a)(2)		

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

Sec	Stion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
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
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fi	rst second third	fourth or fifth tax	vear as a section 5		ization
•••	•	le organization s n			year as a section e		
Sec	check this box and stop here ction C. Computation of Publ	ic Sunnort Per	centage				
	Public support percentage for 2022 (			column (f)		15	07
		, , , , , , , , , , , , , , , , , , , ,	, ,				%
Sec	Public support percentage from 2021 ction D. Computation of Inves	stment Income	e Percentage			16	%
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	
b	33 1/3% support tests - 2021. If the	organization did n	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	9%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	<u>a, or 19b, check</u> tl	<u>his box and see ins</u>	tructions	
	23 12-09-22						ule A (Form 990) 2022
			15				· · ·

## Part IV | Supporting Organizations

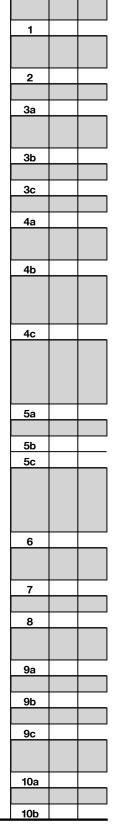
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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232024 12-09-22



Yes No

Schedule A (Form 990) 2022

#### 52-1708211 Page 5 INSTITUTE FOR CONSERVATION LEADERSHIP <u> chedule A (Form 990) 2022</u> Part IV Supporting

16	Supporting Organizations (continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
á	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		
ŀ	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			
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	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,

#### upervised, 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 T	ype III Supporting	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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	e in <b>Part VI</b> how you supported a governmental entity (see instru	ctions).
------------	--	---	--	---	----------

17

- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

1

2

1

Yes No

Schedule A (Form 990) 2022

232025 12-09-22

	dule A (Form 990) 2022 INSTITUTE FOR CONSERVA			52-1708211 Page
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete :		(B) Current Year
ect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
1	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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	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		
1	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		
ect	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-function	ally integrated	d Type III supporting org	anization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

INSTITUTE FOR CONSERVATION LEADERSHI	Ρ
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	dule A (Form 990) 2022         INSTITUTE FOR           t V         Type III Non-Functionally Integrated 509(	CONSERVATION 1			2-1708211	Page 7
	on D - Distributions			iea)	Current Ye	
<u>3ecu</u>		matauraaaa		1	Current re	ar
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-		
2	organizations, in excess of income from activity	a purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	>	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
Ū	(provide details in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)	10	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributab Amount for 2	
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					
	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					
с	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022					LEADERSHIP	52-1708211 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4 ines 2 and 3; Pa	c, 5a, 6, 9a art IV, Sectio	, 9b, 9c, 11a, 1 on E, lines 1c, 2	1b, and 11c; 2a, 2b, 3a, ar	Part IV, Section B, lin nd 3b; Part V, line 1; P	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
232028 12-09-2	2			2.0			Schedule A (Form 990) 2022

#### 223451 11-15-22

## Schedule B

## (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

Employer identification number

52-170821
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

INSTITUTE FOR CONSERVATION LEADERSHIP

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.

J 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 in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set is the set in the set is t

**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)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>		\$ <u>700,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$44,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u> <u>4</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u> <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 74,700. (c) Total contributions	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       Image: Contribution         (d)       Type of contribution         Person       Image: Contribution         Person       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for       Image: Contribution

## INSTITUTE FOR CONSERVATION LEADERSHIP

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

(b)

Name of organization

Part I

(a)

52-1708211

(c)

Employer identification number

(d)

Page 2

Schedule B (Form 990) (2022)

223452 11-15-22

12351019 745960 19346

Schedule B (Form 990) (2022)

Name of organization

## INSTITUTE FOR CONSERVATION LEADERSHIP

	ash Property (see instructions). Use duplicate copies of Pa		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

52-1708211

Employer identification number

Schedule E	3 (Form 990) (2022)		Page <b>4</b>
Name of or	ganization		Employer identification number
тистти	TUTE FOR CONSERVATION L	EADERSHIP	52-1708211
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sect	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	hthrough (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(c) ose of girt	
ŀ		(e) Transfer of gift	
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15-	-92		Schedule B (Form 990) (2022)

12351019 745960 19346

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

INSTITUTE FOR CONSERVATION LEADERSHIP

Employer identification number 52-1708211

Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Funds	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	soments during the year
'	Amount of expenses incurred in monitoring, inspecting, nandling of violations, and emotioning conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	)(i)
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	
	organization's accounting for conservation easements.	
Pa		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	<u> </u>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 INSTITU	TE FOR CON	SERV	ATION	LEADERS	HIP	0::	52-17	0821:	1 <sub>Ра</sub>	<sub>age</sub> 2
Par	t III Organizations Maintaining Co								(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	<u>ا ا</u> ۱	1	change progra						
b	Scholarly research	e	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how t	hey further t	the organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, h	istorical trea	asures, or othe	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizati	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
<b>1</b> a	Is the organization an agent, trustee, custodia								-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or o	custodial accou	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	f the organization ar									
		(a) Current year	(b)	Prior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses				_						
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are held a	and administer	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	), Part I	V, line 11a.	See Form 990	, Part X, lii	ne 10.				
	Description of property	<b>(a)</b> Cost or c basis (investr		• •	st or other s (other)	• •	cumulate reciation	d	( <b>d)</b> Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				22,828.		17,48			5,34	41.
	Other				24,475.		15,44	15.		9,0	30.
	. Add lines 1a through 1e. (Column (d) must ed		X. colu						1		71.
								Schodulo		- 000)	0000

Schedule D (Form 990) 2022

(A)	Schedule	D (Form 990) 2022	INSTITUTE F	OR CONSERVATI	ON LEADERSHIP	52-1708211 Page <b>3</b>
(a) Description of sociality or youdrig name of wearing in the social derivatives       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         3) Other       (c) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         3) Other       (c) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         3) Other       (c) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         (c) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         (c) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         (d) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         (d) Other deputy interests       (c) Method of valuation: Cost or end-of-year market value         (e) Description of investment       (c) Method of valuation: Cost or end-of-year market value         (f)       (c) Description of investment       (c) Method of valuation: Cost or end-of-year market value         (f)       (g) Description       (g) Method of valuation: Cost or end-of-year market value         (g)       (g) Description       (g) Method of valuation: Cost or end-of-year market value         (g)       (g) Description       (g) Method of valuation: Cost or end-of-year market value         (g)       (g) Description       (g) Method of val	Part VI	I Investments -				
1) Francial derivatives		Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	i 12.
2) Closely held equity interests	(a) Descr	iption of security or cate	GOTY (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
3) Other	( <b>1</b> ) Finano	cial derivatives				
(A)       (A)         (B)       (A)         (C)       (A)         (B)       (A)         (C)       (A)         (B)       (A)         (B)       (B)         (B)       (B)         (B)       (B)         (C)       (C)         (B)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (C)       (C)         (D)       (C)         (D)       (D)         (D)       (	(2) Closel	ly held equity interests	i			
(B)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (G)       (	(3) Other					
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(B)       (G)         (F)       (G)         (G)       (G)         (A)       (G)         (B)       (						
(F)       (G)         (G)       (G)         (H)       (H)         (H)       (						
(G)       (G)         (H)       (G)         (H)       (G)         Part VIII       Investments - Program Related.         (G)       (G)         (G)       (G) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
(H)       Image: second s						
Orant, Lot, b) must equal Form 990, Part X, col. (B) line 12.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (b)       (c) Method of valuation: Cost or end-of-year market value       (c)         (a)       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c)         (d)       (c)       (c)         (d)       (c)       (c)         (e)       (c)       (c)         (e)       (c)       (c)         (f)       (c)       (c)         (g)       (c)       (c)       (c)						
Part VIII         Investments - Program Related.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c)         (c) Method of valuation: Cost or end-of-year market value         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)           (6)         (c)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (a)         (c) Method of valuation: Cost or end-of-year market value         (c)           (a)         (c) Method of valuation: Cost or end-of-year market value         (c)           (a)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (d)         (c)         (c)         (c)           (e)         (c)         (c)         (c)						
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(2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (7)         (8)       (7)       (7)         (8)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (8)         (1)       (9)       (9)         (2)       (9)       (9)         (3)       (9)       (9)         (6)       (7)       (9)         (6)       (9)       (9)         (7)       (9)       (9)         (1)       (1)       (1)         (1)       (1)       (1)         (2)       (2)       (2)         (3)       (1)       (1)         (9)       (1)       (1)         (1)       (1)       (1)         (2)       (2)       (2)         (3)       (9)       (9)         (1)       Federal income taxes       (9)         (2)       (2)       (2)         (3)       (3)       (4)         (4)       (2)		(a) Description of	Investment	(b) Book value	(c) Method of Valuation: C	ost or end-of-year market value
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(6)						
(6)       (7)       (8)         (7)       (9)       (9)         (9)       (9)       (9)         Other Assets.       (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       (9)       (9)       (9)         (2)       (3)       (9)       (9)         (3)       (9)       (9)       (9)         (6)       (9)       (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         Fotal (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         (1)       Federal income taxes       (9)         (2)       OPERATING LEASE LIABILITY       26 , 015 .         (3)       (9)       (9)         (4)       (9)       (9)         (6)       (9)       (9)         (7)       (9)       (9)         (6)       (9)       (9)						
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(8)       (9)         (9)       (1)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (2)         (2)       (3)         (4)       (5)         (6)       (6)         (7)       (8)         (8)       (9)         (9)       (1)         (1)       (1)         (2)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (7)       (1)         (8)       (1)         (9)       (1)         (1)       (1)         (2)       (1)         (1)       (1)         (2)       (1)         (3)       (1)         (4)       (1)         (1)       Foderal income taxes         (2)       OPERATING LEASE LIABILITY         (2)       OPERATING LEASE LIABILITY         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)         (7						
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(a) Description       (b) Book value         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b)         (2) OPERATING LEASE LIABILITY       26 , 016 .         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (11) Found form 920, Part X, col. (B) line 25.)       (c)         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote			anization answered "Ves"	on Form 990 Part IV line	11d See Form 990 Part X line	15
(1)						
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) OPERATING LEASE LIABILITY         (3)       (4)         (5)       (6)         (7)       (6)         (7)       (7)         (8)       (9)         (9)       (6)         (7)       (8)         (9)       (1) East equal Form 990, Part X, col. (3) line 25.)         (6)       (7)         (7)       (8)         (9)       (2)         Cotal. (Column (b) must equal Form 990, Part X, col. (b) line 25.)       26 , 016 .         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)		(4)	Description		
(3)       (4)         (4)       (5)         (5)       (7)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (1)         (2) OPERATING LEASE LIABILITY       26,016.         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         (8)       (2)         (9)       (2)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         (2)       26,016.						
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(6)       (7)         (8)       (9)         (9)       (9)         fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       26, 016.         (2) OPERATING LEASE LIABILITY       26, 016.         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26, 016.         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(7)       (8)         (9)       (9)         Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2) OPERATING LEASE LIABILITY       26,016.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2) OPERATING LEASE LIABILITY       26, 016.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26, 016.         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(9)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) OPERATING LEASE LIABILITY       26,016.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         26. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       26,016.         (2) OPERATING LEASE LIABILITY       26,016.         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       26,016.         Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         20.       26,016.						
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       26,016.         (2)       OPERATING LEASE LIABILITY       26,016.         (3)       (4)       (5)         (6)       (7)       (6)         (7)       (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         20       26,016.       26,016.		lump (b) must aqual E	orm 000 Part V col (P) lin	0.15)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes	Part X	Other Liabilitie	<u>990, Fart A, Col. (B) IIII</u> S.	e 15.)		
(a) Description of liability       (b) Book value         (1) Federal income taxes       26,016         (2) OPERATING LEASE LIABILITY       26,016         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016         2       26,016				on Form 990. Part IV. line	11e or 11f. See Form 990. Part	X. line 25.
(1) Federal income taxes       26,016         (2) OPERATING LEASE LIABILITY       26,016         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (6)         (7)       (7)         (8)       (9)         (7)       (6)         (7)       (7)         (8)       (7)         (8)       (7)         (9)       26,016         Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1			,,,, ,	·····,·····	
(2) OPERATING LEASE LIABILITY       26,016.         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			, ,			
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (7)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			ASE LIABILITY			26.016.
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(6)       (7)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(9) <b>Fotal.</b> ( <i>Column (b) must equal Form 990, Part X, col. (B) line 25.</i> ) <b>26,016.</b> <b>26,016.</b> <b>26,016.</b>						
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       26,016.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		lump (b) must source F	arm 000 Part V and (P) !:-	o 25 )		26 016
		., .		,		
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Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 INSTITUTE FOR CONSERVATION				<u>1708211 <sub>P</sub></u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			_		
1	Total revenue, gains, and other support per audited financial statements			1	1,635,9	45.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-15,165.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	-15,1	
3	Subtract line 2e from line 1			3	1,651,1	10.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	674.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		74.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,651,7	84.
				-		-
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retur	n.	-
Pa	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per	Retur	n.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retur	n.	
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per	Retur	n.	
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	Expenses per	Retur	n.	
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per	Retur	n.	
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	Expenses per	Retur	n.	
1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	Expenses per	Retur	n.	
1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With	Expenses per	Retur	n. <u>1,169,1</u>	21.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With	Expenses per		n.	21.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With	Expenses per	Retur	n. <u>1,169,1</u>	21.
1 2 b c d 3	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents With	Expenses per	Retur	n. <u>1,169,1</u>	21.
1 2 3 4	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per	Retur	n. <u>1,169,1</u>	21.
1 2 3 4 3	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per	Retur	n. <u>1,169,1</u> <u>1,169,1</u> 6	21. 0. 21. 74.
] 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per	Retur	n. <u>1,169,1</u> <u>1,169,1</u>	21. 0. 21. 74.

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:

FOR THE YEAR ENDED DECEMBER 31, 2022, ICL HAS DOCUMENTED ITS CONSIDERATION

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

232054 09-01-22

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	20	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Dena	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificatio		nber
Do	rt I Question	INSTITUTE FOR CONSERVATION LEADERSHIP s Regarding Compensation	52-1	170821	L	
Pa	rti Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com	panions Payments for business use of personal re cation and gross-up payments Health or social club dues or initiation fee				
	_					
		spending account Personal services (such as maid, chauffer	ir, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	,	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,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
	trustees, and once					
3	Indicate which if a	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				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	Compensation					
		compensation consultant X Compensation survey or study				
		ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(d	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		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	ıe			
				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.	Scheo	dule J (Forn	n <b>990</b> )	2022

232111 10-18-22

Schedule J (Form 990) 2022 INSTITUTE	Ū.T.	FOR	CONSERVATION LEADERSHIP	LEADERSHIP	52-1708211	211		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldu	yees, and Highest C	compensated Emple	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be rep	oorted on Schedule J 390, Part VII.	, report compensati	on from the organize	ttion on row (i) and fron	related organizations	s, described in the instri	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	d inc	dividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANNE J. RUSSELL	(i)	148,391.	.0	00	10,076.	5,184.	163,651.	0
	(ii)					_ I	,	
(2) SARAH CLARK SENIOR ASSOCIATE	© ()	136,423.	.00	00	9,550.	13,712. 0.	159,685.	.0
	(i) (ii)							
	9							
	(i)							
	(ii)							
	(i)							
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232112 10-18-22

Schedule J (Form 990) 2022 INSTITUTE FOR CONSERVATION LEADERSHIP	52-1708211 Page 3
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.	Also complete this part for any additional information.
	Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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.



Employer identification number 52-1708211

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

THE PRESIDENT AND TREASURER OF THE BOARD OF DIRECTORS REVIEWED THE RETURN

INSTITUTE FOR CONSERVATION LEADERSHIP

WHICH WAS THEN FORWARDED TO THE BOARD OF DIRECTORS FOR REVIEW.

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

THE INSTITUTE FOR CONSERVATION LEADERSHIP (ICL) REQUIRES EACH BOARD MEMBER

TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT IN DECEMBER.

WE ASK ALL BOARD MEMBERS TO BE FULLY TRANSPARENT ABOUT THEIR ACTIVITIES AND

TO DOCUMENT THINGS ACCURATELY.

ICL ALSO REQUIRES STAFF TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST FORM. ICL EXPECTS ALL EMPLOYEES TO USE GOOD JUDGEMENT, ADHERE TO HIGH ETHICAL STANDARDS, AND TO AVOID ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BETWEEN ICL'S INTERESTS AND THE EMPLOYEE'S INTERESTS. IF AN EMPLOYEE IS UNCERTAIN IF A TRANSACTION, ACTIVITY OR RELATIONSHIP, OR OUTSIDE EMPLOYMENT CONSTITUTES A CONFLICT OF INTEREST, THEY SHOULD DISCUSS IT WITH THE PRESIDENT OR BOARD CHAIR. ALL EXCEPTIONS TO THE GUIDELINES MUST BE APPROVED IN WRITING BY THE PRESIDENT OR BOARD CHAIR.

ICL INTENDS FOR THE CONFLICT OF INTEREST POLICY TO BE INTERPRETED FAIRLY AND TO NOT CREATE HARSH RESULTS IF AND WHEN A CONFLICT ARISES. IF AN EMPLOYEE UNINTENTIONALLY CREATES A CONFLICT OF INTEREST, THE EMPLOYEE IS GIVEN AN OPPORTUNITY TO REPORT THE CONFLICT AND COMPLY WITH THE POLICY.

## FAILURE TO FOLLOW THE ESTABLISHED CONFLICT OF INTEREST GUIDELINES,

 INCLUDING FAILURE TO DISCLOSE CONFLICTS OR TO SEEK AN EXCEPTION, MAY RESULT

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 10-28-22

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MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	BOARD OF DIRECTOR'S EXECUTIVE CO	MMITTEE. THE PROCESS IS DOCUMENTED, AND A
WITH THE RECOMMENDATION OF THE PRESIDENT. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR TOOK PLACE IN FEBRUARY 2022. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,NH,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA,WV,W HI,MS,NM FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 20212 10.08.22 Schedule O (Form 990	COPY OF THE DISCUSSION IS SENT T	O THE PRESIDENT'S PERSONNEL FILE.
THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR TOOK PLACE IN FEBRUARY 2022. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,NH,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA,WV,W HI,MS,NM FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI- AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 22272 10-28-22 233 Schedule O (Form 990		
FEBRUARY 2022.         FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:         AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,NH,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA,WV,W         HI,MS,NM         FORM 990, PART VI, SECTION C, LINE 19:         THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLITAND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.         FORM 990, PART IX, LINE 11G, OTHER FEES:         PROGRAM CONSULTANTS:         PROGRAM SERVICE EXPENSES       185,37         MANAGEMENT AND GENERAL EXPENSES       5,17         FUNDRAISING EXPENSES       5,17         Schedule O (Form 990	WITH THE RECOMMENDATION OF THE P	'RESIDENT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,NH,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA,WV,W HI,MS,NM FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 22212 10-28-22 33	THE LAST COMPENSATION REVIEW FOR	THE EXECUTIVE DIRECTOR TOOK PLACE IN
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, W HI, MS, NM FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLITAND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 5,17 FUNDRAISING EXPENSES	FEBRUARY 2022.	
HI, MS, NM FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 5,17 Schedule O (Form 990	FORM 990, PART VI, LINE 17, LIST	OF STATES RECEIVING COPY OF FORM 990:
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 202212 10-28-22 Schedule O (Form 990	AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI	, MN, NH, NJ, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI
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AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	FORM 990, PART VI, SECTION C, LI	INE 19:
FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990 33	THE ORGANIZATION MAKES ITS GOVER	NING DOCUMENTS, CONFLICT OF INTEREST POLICY
PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	AND FINANCIAL STATEMENTS AVAILAB	LE TO THE PUBLIC UPON REQUEST.
PROGRAM SERVICE EXPENSES 185,37 MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	FORM 990, PART IX, LINE 11G, OTH	IER FEES:
MANAGEMENT AND GENERAL EXPENSES 5,17 FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	PROGRAM CONSULTANTS:	
FUNDRAISING EXPENSES 232212 10-28-22 Schedule O (Form 990) 33	PROGRAM SERVICE EXPENSES	185,372.
232212 10-28-22 Schedule O (Form 990) 33	MANAGEMENT AND GENERAL EXPENSES	5,175.
33	FUNDRAISING EXPENSES	0.
51019 745960 19346 2022.04030 INSTITUTE FOR CONSERVATIO 19	232212 10-28-22	Schedule O (Form 990) 202 33 2022.04030 INSTITUTE FOR CONSERVATIO 1934

ESTABLISH MANAGEMENT COMPENSATION. A RECOMMENDATION IS SUBMITTED TO THE BOARD EXECUTIVE COMMITTEE. THE PRESIDENT'S COMPENSATION IS APPROVED BY THE

REVIEW OF NONPROFIT SALARY SURVEYS ARE CONDUCTED AND REVIEWED ANNUALLY TO

52-1708211

## Schedule O (Form 990) 2022

Name of the organization

INSTITUTE FOR CONSERVATION LEADERSHIP

IN DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

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

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
INSTITUTE FOR CONSERVATION LEADERSHIP	52-1708211
TOTAL EXPENSES	190,547.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	12,323.
MANAGEMENT AND GENERAL EXPENSES	183.
FUNDRAISING EXPENSES	282.
TOTAL EXPENSES	12,788.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	203,335.
32212 10-28-22 3 <b>4</b>	Schedule O (Form 990) 202