

Form	990
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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 Ż **Open to Public**

. Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2023 calendar year, or tax year beginning a	nd ending		
	Check if applicabl	e: C Name of organization		D Employer identifi	cation number
	Addre	INSTITUTE FOR CONSERVATION LEADERSHI	P		
	Name chang			52-17082	11
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 115 CENTERWAY	Room/suite 207	E Telephone numbe (443)814	
	⊥return termir ated		207	G Gross receipts \$	1,035,534.
	Amen			H(a) Is this a group re	
	Applic			for subordinates	
	pendi	¹⁹ 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 📃 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemptio	n number
		organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1990	V State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Governance	2	Check this box if the organization discontinued its operations or dis	posed of more	than 25% of its net as	sets
ver	3		-	3	9
		Number of independent voting members of the governing body (Part VI, line 1b			8
ې د	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
/itie	6	Total number of volunteers (estimate if necessary)			8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,640,045.	958,990.
Revenue	9	Program service revenue (Part VIII, line 2g)		5,824.	15,611.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,915.	1,496.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	7,397.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,651,784.	983,494.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		706,666.	842,476.
ses	15 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (Z), line 11e)	202.		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		463,129.	525,240.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,169,795.	1,367,716.
	19	Revenue less expenses. Subtract line 18 from line 12		481,989.	-384,222.
or	<u>c</u>		Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,401,349.	999,221.
Net Assets or	21	Total liabilities (Part X, line 26)		124,493.	92,692.
ER.	22	Net assets or fund balances. Subtract line 21 from line 20		1,276,856.	906,529.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying sched			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is by sed on all information of	r which preparer		0004
Ci.		Signature of officer		19 Sept	2024
Sig Hei		DIANNE RUSSELL, PRESIDENT			
ne	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ELIZABETH W. HELLER CligSchuste	elin	09/13/2024 if self-employ	red P00397829
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN			2-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 33200	1 12-21-23		Form 990 (2023)

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO SUPPORT HEALTHY COMMUNITIES AND A HEALTHY EARTH, THE INSTITUTE FOR
	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 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,103,799. including grants of \$) (Revenue \$) (Revenue \$)
4a	(Code:) (Expenses \$1,103,799. including grants of \$) (Revenue \$15,611.) PROGRAMS - SINCE 2014 ICL HAS SUPPORTED COLLABORATIVE WORK IN THE
	DELAWARE RIVER WATERSHED INITIATIVE, AND SUPPORTED THE COLLABORATIVE
	CAPACITY BETWEEN AND AMONG OVER 60 ORGANIZATIONS TO SUPPORT WATERSHEDS
	THAT PROVIDE HIGH QUALITY AND SUFFICIENT QUANTITY FOR HEALTHY
	ECOSYSTEMS AND HUMAN COMMUNITIES. SINCE 2018 ICL'S LEADING
	ENVIRONMENTAL CHANGE INITIATIVE HAS CREATED ORGANIZATIONAL AND
	COLLABORATIVE CAPACITY ACROSS OHIO. IN ADDITION, ICL ANNUALLY PROVIDES
	SERVICES AND SUPPORT TO HUNDREDS OF ORGANIZATIONS AND COLLABORATIONS
	WORKING FOR ECOLOGICAL AND COMMUNITY HEALTH. THIS SUPPORT INCLUDES
	PROCESS AND MEETING DESIGN, MEETING FACILITATION, TRAINING AND
	ENGAGEMENT SUPPORT.
	146.600
4b	(Code:) (Expenses \$116,699. including grants of \$) (Revenue \$)
	EDUCATION AND OUTREACH - ICL EDUCATES ABOUT EFFECTIVE COLLABORATION,
	ENGAGEMENT AND MEETING FACILITATION USING WEBINARS, ONLINE MEETINGS AND
	DISCUSSIONS, WORKSHOPS, BLOG POSTS, WEBSITE RESOURCES, AND ONE-ON-ONE
	MEETINGS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u>م /</u>	Other program services (Describe on Schedule Q)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,220,498.
4e	Total program service expenses 1,220,498. Form 990 (2023)
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Form 990 (2023)		-	CONSERVATION	LEADERSHIP
Part IV Checklist of R	equired Schedu	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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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> </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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
b		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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			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		<u> </u>
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V		V	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2023) INSTITUTE FOR CONSERVATION LEADERSHIP 52-1708	211	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
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).			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
		50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
6a	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?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
b	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? <u>N/A</u>	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:			
	Gross income from members or shareholders N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
122	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	. z a		
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		
d	Note: See the instructions for additional information the organization must report on Schedule O.	iod		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U				
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? 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.			37
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/AN/A	17		
	If "Yes," complete Form 6069.		0000	
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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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

ter the number of voting members of the governing body at the end of the tax year		-		
At delegated broad authority to an executive committee or similar committee, explain on Schedule 0. ter the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship icer, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 99	with any other			
ter the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship icer, director, trustee, or key employee? If the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person?	with any other			
any officer, director, trustee, or key employee have a family relationship or a business relationship icer, director, trustee, or key employee? If the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? If the organization make any significant changes to its governing documents since the prior Form 95	with any other			
the organization make any significant changes to its governing documents since the prior Form 95				
I the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person?				
I the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person?		2		Х
officers, directors, trustees, or key employees to a management company or other person?	urect supervision			
the organization make any significant changes to its governing documents since the prior Form 99		3		Х
		4		Х
I the organization become aware during the year of a significant diversion of the organization's asse		5		Х
I the organization have members or stockholders?		6		Х
I the organization have members, stockholders, or other persons who had the power to elect or app		L_		
re members of the governing body?		7a		х
		14		
		76		х
		0-	v	
		80		
				37
anization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
1 B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
			Yes	No
I the organization have local chapters, branches, or affiliates?		10a		Х
Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,			
d branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b		
s the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
scribe on Schedule O the process, if any, used by the organization to review this Form 990.				
the organization have a written conflict of interest policy? If "No." go to line 13		12a	Х	
		12b	Х	
	-,	12c	x	
			Х	
		14		
	by macpanaon			
		150	x	
				x
				- 22
		40		v
, , ,		16a		Х
		16b		
ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3)	s only)	availat	ole
public inspection. Indicate how you made these available. Check all that apply.				
Own website Another's website X Upon request Other (explain	on Schedule O)			
	-	d financ	cial	
tements available to the public during the tax year.				
	ks and records			
IANNE RUSSELL - (443)814-9295				
		Form	990	(202'
	sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year g governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal Rev</i> the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such che b branches to ensure their operations are consistent with the organization's key employees? Is the organization provided a complete copy of this Form 990 to all members of its governing body scribe on Schedule O the process, if any, used by the organization to review this Form 990. It he organization have a written conflict of interest policy? <i>If "No," go to line 13</i> re officers, directors, or trustees, and key employees required to disclose annually interests that could give is to the organization have a written whistleblower policy? It he organization have a written brocument retention and destruction policy? It he organization have a written policy or procedure requiring the organization necession? a organization invest in, contribute assets to, or participate in a joint venture or similar arrangem able entity during the year? Yes, " did the organization follow a written policy or procedure requiring the organization to evaluate inter the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE C ction 6104 requires an organization to make its Form 902 is required to be filed <u>SEE SCHEDULE C ction 6104 requires an organization to make its Form 902 is required to be filed <u>SEE SCHEDULE C ction 6104 requires an organ</u></u></u>	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the anization's mailing address? <i>If 'Yes' provide the names and addresses on Schedule O</i> 18. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) It he organization have local chapters, branches, or affiliates? Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, d branches to ensure their operations are consistent with the organization's exempt purposes? It he organization nove written policies and procedures governing the activities of such chapters, affiliates, d branches to ensure their operations are consistent with the organization's exempt purposes? It he organization nove a written conflict of interest policy? <i>If 'No</i> ,' go to line 13 the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes</i> ,' describe Schedule O how this was done the organization have a written document retention and destruction policy? It he organization have a written whisteblower policy? It he organization is a written document retention and destruction policy? It he organization is used in, contribute assets to, or participate in a joint venture or similar arrangement with a abie entity during the year? Yes,' did the organization to the source of the organization to evaluate its participation of the enganization follow a written policy or procedure requiring the organization to evaluate its participation of the enganization follow a written policy or procedure requiring the organization to evaluate its participation of the organization follow a written policy or procedure requiring the organization is metry for the organization to make its Forms 1023 (1024 or 1024A, if applicable), 900, and 990-T (section 501(c)(3)) pub	sons other than the governing body? 7b the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a governing body? 8b ch committee with authority to act on behalf of the governing body? 8b here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the anization's maining address? (Yes, "rovide the names and addresses on Schedule O 9 n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a the organization have local chapters, branches, or affiliates? 10a yes," did the organization provide a complete copy of this Form 900 tail members of the governing body before filing the form? 11a scribe on Schedule O the process, if any, used by the organization to review this Form 990. 12a the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," ordexint 12a the organization negularly and consistently monitor and destruction policy? 14 the organization have a written document retention and destructions. 15a scns, comparability data, and contemporaneous substantiation of the deliberation and decision? 13 the organization inset in, contribute assets to, or participate in a joint venture or similar arrangement with a able entity during the year?	sons other than the governing body? 7b the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X governing body? 8b X the reary officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 anization in maining address? 10e the organization have local chapters, branches, or affiliates? 10e the organization have written policies and procedures governing the activities of such chapters, affiliates, 10e the organization norvided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a schedule O how this was done. 12a X the organization regularly and consistently monitor and enforce compliance with the policy? If "Nos," does rule 13 X 12a X 12a X 12b arctors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12a X 12c arctors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12a X 12c arc officers or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12a X 12b e organization required with ad consistently monitor and enforce compliance with the policy? 14 X 12c arc o

Form 990 (2		52-1/08211	Page /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Beport compensation for the calendar year endin	a with or within the organization's	tax vear

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)	(A) (B) (C)			(D)	(E)	(F)				
Name and title	Average Position Reportable		Reportable	Reportable	Estimated					
	hours per	box,	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus [:]	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	st con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANNE J. RUSSELL	40.00	_	_							
PRESIDENT		Х		Х				174,252.	Ο.	31,134.
(2) SARAH CLARK	40.00									
SENIOR ASSOCIATE						X		137,369.	0.	24,188.
(3) JOY JACKSON	40.00									
SENIOR ASSOCIATE						Х		126,692.	0.	17,501.
(4) BRANDON HAYES	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) THU PHAM	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) JOHN EBEN	1.00									
TREASURER		Х		х				0.	0.	0.
(7) MADELINE P. FLEISHER	1.00									
SECRETARY		Х		х				0.	0.	0.
(8) DELE DOSUMNU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOANNE MARCHETTA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN MILLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MELANIE SANTIAGO-MOSER	1.00									
BOARD MEMBER		Х						0.	0.	0.
						-				
222007 12 21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

10110913 745960 19346

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	<u>990 (2023)</u> INSTITUTE	E FOR CC	NS	ER	VA'	ΤI	ON	L	EADERSHIP	52-17	082	211	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees, a	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(10		Posit				Reportable	Reportable		Est	imate	ed
		hours per	box,	not ch unles	s pers	son is	s both	an	compensation	compensatior	ו ר	am	ount	of
		week	offic	cer and	l a dir	rector	r/trust	ee)	from	from related		(other	
		(list any	ector						the	organizations	;	comp	bensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fro	om the	е
		related	itee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)		orga	inizati	ion
		organizations	al trus	nal tr		oyee	e comp		1099-NEC)				relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	Indi	Inst	Offi	Key	Hig emp	Бог						
					_	_								
					_	_								
					_									
											\longrightarrow			
											_			
	Subtotal								438,313.		0.	72	2,82	23.
С	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								438,313.		0.	72	2,82	23.
2	Total number of individuals (including but ne	ot limited to th	ose	listec	lab	ove)) wh	o re	eceived more than \$100,0	000 of reportable				
	compensation from the organization													3
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey er	nplo	oyee	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a													
Ŭ	rendered to the organization? If "Yes," com											5		х
Sec	tion B. Independent Contractors		2010	JI SU	щρ	10/50	<u> </u>					•		
1	Complete this table for your five highest cor	mpensated ind	ono	nden	tco	ntra	octor	e th	at received more than \$	100 000 of comp	oneat	ion fro		
•	the organization. Report compensation for t										CIISAL			
		ine calendar ye		nung	J VVI	110						10	、 、	
	(A) Name and business	address	мc	ONE					(B) Description of s	ervices	С	(C ompen		n
			INC					_	Becomption of a			ompor	oution	
								_						
								\rightarrow						
								_						
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				0)							

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			FOR	CONSERVA	ATION LEADE	ERSHIP	52-1708	211 Page 9
Pa	rt VI							_
		Check if Schedule O contains a resp	ponse o	<u>r note to any lin</u>	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s s	1:	a Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b						
ษิต		c Fundraising events 1c	_					
ifts, r A		d Related organizations 1d	_					
, G nila	e	e Government grants (contributions)		100,853.				
Sir	f	f All other contributions, gifts, grants, and						
ber	-	similar amounts not included above 1f	8	858,137.				
l of t	ç		3 \$	-				
Cor	ł	h Total. Add lines 1a-1f			958,990.			
				Business Code				
e	2 8	a PROJECT FEES	Γ	900099	15,611.	15,611.		
e د داد	k	b						
Sei		c						
am eve		d						
Program Service Revenue		e						
Pr	f	f All other program service revenue						
	ç	g Total. Add lines 2a-2f			15,611.			
	3	Investment income (including dividends	, interes	st, and				
		other similar amounts)			6,824.			6,824.
	4	Income from investment of tax-exempt b	bond pro	oceeds				
	5	Royalties						
		(i) Re	eal	(ii) Personal				
	6 a	a Gross rents 6a						
	k	b Less: rental expenses 6b						
	6	c Rental income or (loss) 6c						
		d Net rental income or (loss)	<u></u>					
	7 a	a Gross amount from sales of (i) Secu		(ii) Other				
		assets other than inventory 7a 46 , 7	/12.					
	k	b Less: cost or other basis						
venue		and sales expenses 7b 52,0						
(h)		c Gain or (loss) 7c −5 , 3			F 200			F 220
r Re		d Net gain or (loss)			-5,328.			-5,328.
Other	8 4	a Gross income from fundraising events (not						
0		including \$ of						
		contributions reported on line 1c). See	0-					
		Part IV, line 18 b Less: direct expenses						
		c Net income or (loss) from fundraising ev						
		a Gross income from gaming activities. Se						
	50	Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming activit						
		a Gross sales of inventory, less returns	 T					
		and allowances	10a					
	ŀ	b Less: cost of goods sold						
		c Net income or (loss) from sales of invent						
				Business Code				
snc	11 a	a OTHER REVENUE	F	900099	7,397.			7,397.
nec	l t	b						
ella		~ c						
Miscellaneous Revenue		d All other revenue						
Σ		e Total. Add lines 11a-11d			7,397.			
	12	Total revenue. See instructions			983,494.	15,611.	0.	8,893.
33200	9 12-2					· ·	-	Form 990 (2023)

332009 12-21-23

INSTITUTE FOR CONSERVATION LEADERSHIP Part IX Statement of Functional Expenses

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	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		104 047	1 (1) 1	4 100
_	trustees, and key employees	205,386.	184,847.	16,431.	4,108
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	522,886.	453,639.	53,540.	15,707
7	Other salaries and wages	544,000.	400,009.	55,540.	10,107
8	Pension plan accruals and contributions (include	17,681.	14,852.	2,147.	680
0	section 401(k) and 403(b) employer contributions)	44,442.	38,791.	4,389.	682 1,262
9 10	Other employee benefits	52,081.	45,606.	5,041.	1,434
10 11	Payroll taxes Fees for services (nonemployees):	52,001.		5,041•	
	-				
a b					
	Legal	129,728.	118,011.	8,128.	3,589
	Lobbying	12577200	110,0110	0,1200	5,505
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,712.		1,712.	
g	Other. (If line 11g amount exceeds 10% of line 25,			_,	
9	column (A), amount, list line 11g expenses on Sch O.)	185,958.	181,259.	4,592.	107
12	Advertising and promotion				
13	Office expenses	36,578.	29,032.	6,487.	1,059
14	Information technology	20,122.	15,923.	3,716.	483
15	Royalties				
16	Occupancy	13,139.	12,027.	747.	365
17	Travel	63,206.	62,158.	1,048.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,035.	21,533.	3,395.	2,107
20	Interest				
21	Payments to affiliates	<i>c c c c c c c c c c</i>	C		4.0.4
22	Depreciation, depletion, and amortization	6,626.	6,065.	377.	184
23		9,362.	8,570.	532.	260
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	31,067.	27,564.	2,666.	837
b	STAFF DEVELOPMENT	707.	621.	68.	18
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,367,716.	1,220,498.	115,016.	32,202
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

INSTITUTE FOR CONSERVATION LEADERSHIP

52-1708211 Page 11

		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			354,780.	1	101,153.
	2	Savings and temporary cash investments			99,228.	2	39,750.
	3	Pledges and grants receivable, net			715,922.	3	622,500.
	4	Accounts receivable, net			76,261.	4	130,532.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				9,076.	9	7,856.
		Land, buildings, and equipment: cost or other					•
		basis. Complete Part VI of Schedule D		51,818.			
	b		10b	39,558.	14,371.	10c	12,260.
	11	Investments - publicly traded securities			104,600.	11	71,004.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, Iin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	27,111.	15	14,166.		
	16	Total assets. Add lines 1 through 15 (must e			1,401,349.	16	999,221.
	17	Accounts payable and accrued expenses		98,477.	17	78,317.	
	18	Grants payable		18			
	19	Deferred revenue		19	1,304.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo				21	
Liabilities		trustee, key employee, creator or founder, sub					
bili		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unr	Γ		23		
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,		Г			
		parties, and other liabilities not included on lir	-				
		of Schodulo D	,		26,016.	25	13,071.
	26	Total liabilities. Add lines 17 through 25			124,493.	26	92,692.
		Organizations that follow FASB ASC 958, c					2 = , = .
es		and complete lines 27, 28, 32, and 33.					
ũ	27	.			121,632.	27	42,117.
3als	28	Net assets with donor restrictions	1,155,224.	28	864,412.		
pd		Organizations that do not follow FASB ASC	_/				
ΤĽ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
SSI	31	Retained earnings, endowment, accumulated				31	
et∤					1,276,856.	32	906,529.
Ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances			1,401,349.	32	999,221.
	33	rotal liabilities and het assets/tund balances			I, IVI, JHJ.	აა	<u> </u>

Form 990 (2023)

Form 990 (2023) INSTITUTE
Part X Balance Sheet

Form	1990 (2023) INSTITUTE FOR CONSERVATION LEADERSHIP	52-1'	708211	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	983		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,367		
3	Revenue less expenses. Subtract line 2 from line 1	3	-384		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,276		
5	Net unrealized gains (losses) on investments	5	13	, 89	95.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	906	, 52	<u>29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

(Form 990)

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
2023
Open to Public Inspection

		of the Treasury nue Service			ttach to Form 990 or Fo					Open to Public Inspection
				Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.	Employer	· · · · · · · · · · · · · · · · · · ·
Nar	ne or i	the organizati				י הא הי	70 011 7 1	`		identification number
D	nrt I	Peason			CONSERVATION					2-1708211
					(All organizations must c			ee instructior	IS.	
	organ		-		For lines 1 through 12, c	•		WAV:		
1	\square				on of churches described)(מ)סיד הס	J(A)(I).		
2	\square				Attach Schedule E (Forn		V6V4VAV;;	:)		
3 4	\square				anization described in s on njunction with a hospital				Viii) Entor	the hospital's name
4		city, and stat	-	ation operated in co	njunction with a nospital	described	Sectio			the hospital s hame,
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	n he
Ŭ				Complete Part II.)		or operat	ou oy u go	von montar a		
6	\square				nental unit described in	section 17	70(b)(1)(A)	(v).		
	X		-	-	ntial part of its support fi				ne general r	oublic described in
•				omplete Part II.)		en a gen			ie general j	
8	\square				(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(ed in conju	nction with a	land-grant	college
					ulture (see instructions).					
		university:								
10		An organizati	ion that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		-	-	• •	f supporting organizatior		-		-	
a				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		-		complete Part IV, Se						
b				-	l or controlled in connect			-		-
			•		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	orted
_		-		t complete Part IV,						ما د
C		••	-	• • • •	g organization operated). You must complete I				lly integrate	a with,
c		¬ ··	0		porting organization oper			-	tod organi-	ration(c)
Ľ			-		zation generally must sat				-	
			-		mplete Part IV, Sections	•		-	anallenin	61633
e		- ·			written determination fro				II Type III	
-			•		nally integrated supporti			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p.e	
f	Ente	er the number	-		, , , , , , , , , , , , , , , , , , , ,					
				about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990) 2023 INSTITUTE FOR CONSERVATION LEADERSHIP 52-1708211 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	313,168.	427,585.	1002614.	1640045.	958,990.	4342402.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	313,168.	427,585.	1002614.	1640045.	958,990.	4342402.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2244777.
6	Public support. Subtract line 5 from line 4.						2097625.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	313,168.	427,585.	1002614.	1640045.	958,990.	4342402.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	4,586.	3,274.	3,929.	5,915.	6,824.	24,528.
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.)		200.			7,397.	7,597.
11	Total support. Add lines 7 through 10						4374527.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	440,617.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	<u>47.95 %</u>
	Public support percentage from 2022					15	33.62 %
1 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A (Form 990) 2023			CONSERVATION		52-1708211	Page 3
Part III Support Schedule fo	r Organizations	Desc	ribed 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.)

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support			•	-		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
Sal	check this box and stop here						
	Public support percentage for 2023 (a aluman (f))		45	0/
		, , , , , , , , , , , , , , , , , , , ,	,			15 16	%
	Public support percentage from 2022 ction D. Computation of Inves						%
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiza	tion	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	re than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	rted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
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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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

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1 4				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

the supported organization(s).
Section D. All Type III Supporting 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	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
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- 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 ...

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	edule A (Form 990) 2023 INSTITUTE FOR CONSERVATI			52-1708211 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		,	$_{\gamma}$ Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	anization (see

Schedule A (Form 990) 2023

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instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
~	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023					LEADERSHIP	52-1708211 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4b, ines 2 and 3; F	4c, 5a, 6, 9a Part IV, Secti	, 9b, 9c, 11a, on E, lines 1c,	11b, and 11c; 2a, 2b, 3a, ar	Part IV, Section B, Iir nd 3b; Part V, Iine 1; F	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
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Schedule of Contributors

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

2023

Employer identification number

Schedule B
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

INSTITUTE FOR CONSERVATION LEADERSHIP

52-1708211

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

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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).

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

1		\$ <u>350,000.</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
2		\$63,333.	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		\$24,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>36,500.</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
5		\$54,396.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>19,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

INSTITUTE FOR CONSERVATION LEADERSHIP

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

(b)

Name, address, and ZIP + 4

(a)

No.

Employer identification number

(d)

Type of contribution

52-1708211

(c)

Total contributions

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Schedule B (Form 990) (2023)

323452 12-26-23

10110913 745960 19346

INSTITUTE FOR CONSERVATION LEADERSHIP

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$41,000.	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
8		\$46,457.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

10110913 745960 19346

Page 2 Employer identification number

52-1708211

323453 12-26-23

Schedule B (Form 990) (2023)

INSTITUTE FOR CONSERVATION LEADERSHIP

art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

Part II Nor	ncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

52-1708211

Employer identification number

2023.04020 INSTITUTE FOR CONSERVATIO 19346__1

24

	B (Form 990) (2023) rganization				Page 4 Employer identification number			
	iganizatori							
	TUTE FOR CONSERVATION L				52-1708211			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry. For ord	anizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held			
		(e) Transfer						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	Re	Relationship of transferor to transferee					
(a) Na		-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held			
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	t l	(d) Desc	ription of how gift is held			
<u>Part I</u>								
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
323454 12-26	2.23				Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

25 2023.04020 INSTITUTE FOR CONSERVATIO 19346__1

SCHEDU	LE 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

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Ac	counts. Complete if the
	organization answered res on Form 990, Part IV, in	(a) Donor advised funds	(b) Funds and other accounts
	Tatal mumber at and afterna		,	
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 Did the organization inform all donors and donor advisors in	writing that the appets hold in donor advis	and fund	
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
6	for charitable purposes and not for the benefit of the donor of			
		or donor advisor, or for any other purpose		ľ m m
Par				
	Purpose(s) of conservation easements held by the organizati		r arc iv,	
•	Preservation of land for public use (for example, recrea		f a histo	rically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space		a oortii	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a cor	servation 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	- · · · · · · · · · · ·			2b
c	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register	-		2d
3	Number of conservation easements modified, transferred, rel			
•	year	babba, extinguioned, er terminated by the	o gam	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	3 , 1 , 3 ,	5		3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	sements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	stateme	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents tha	t describes the
	organization's accounting for conservation easements.		-	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Si	imilar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement a	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	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			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, p	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23			

_		TE FOR CON						<u>52-17</u>			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that	make sig	gnificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			change progra						
b	Scholarly research	e	• 🗌 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of								-		-
Dee	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "Y	'es" on F	orm 990,	Part IV, li	ne 9, or		
_	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi										٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	ble:					Amoun	+	
	Device in a balance								Amoun	ι	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • •	L			
	t V Endowment Funds Complete if										_
		(a) Current year		ior year	(c) Two years			/ears back	(e) Fou	vears	back
1a	Beginning of year balance			,			., ,				
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a	a)) held as:	•					
а	Board designated or quasi-endowment		%								
	Permanent endowment	%	_								
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administere	ed for the	Ð				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		· · ·								
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	cumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment				22,828.		19,9			2,8	
	Other				28,990.		19,58			9,4	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10</u>	c, column	<u>n (B))</u>		<u></u>		1	2,2	60.

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(0) 20011 10.000		
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. 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 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			12 001
(2) OPERATING LEASE LIABILITY			13,071
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			13,071
Total. (Column (b) must equal Form 990, Part X, line 25, co			

INSTITUTE FOR CONSERVATION LEADERSHIP

52-1708211 Page 3

Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 INSTITUTE FOR CONSERVATION				1708211 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	levenue per Re	turn	
	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	995,677.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,895.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,895.
3	Subtract line 2e from line 1			3	981,782.
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	1,712.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	<u>1,712.</u> 983,494.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	983,494.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,366,004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,366,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,712.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,712.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,367,716.
	rt XIII Supplemental Information			-	, ,

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

332054 09-28-23

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47
(Form 990)		- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ)
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer i			mber
		INSTITUTE FOR CONSERVATION LEADERSHIP	52-1	70821	1	
Ра	rt I 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 c					
	Travel for com					
	\equiv	ation and gross-up payments				
	Discretionary s	pending account Personal services (such as maid, chauffeu	ir, chet)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•	•			1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if ar	v of the following the exception used to establish the compensation of the exception's				
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	JILO			
	·	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation c	ommittaa			
			Ommillee			
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	-			4a		x
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
		aire an uncert from an any iter based a superstructure any and the superstant				X
Ũ		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the re					
а	•			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	-	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i.			
	not described on lir	es 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 th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	174,252.	0.	0.	25,950.	5,184.	205,386.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH CLARK	(i)	137,369.	0.	0.	9,980.	14,208.	161,557.	0.
SENIOR ASSOCIATE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 INSTITUTE FOR CONSERVATION LEADERSHIP

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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 THEIR ACTIVITIES ACCURATELY.

ICL ALSO REQUIRES STAFF TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST FORM. ICL EXPECTS ALL EMPLOYEES TO USE GOOD JUDGMENT, 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

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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BOARD EXECUTIVE COMMITTEE. THE PRES	IDENT'S COMPENSATION IS APPROVED BY THE
BOARD OF DIRECTOR'S EXECUTIVE COMMI	TTEE. THE PROCESS IS DOCUMENTED, AND A
COPY OF THE DISCUSSION IS SENT TO THE	HE PRESIDENT'S PERSONNEL FILE.
ALL OTHER EMPLOYEE COMPENSATION IS 2	APPROVED BY THE BOARD FINANCE COMMITTEE
WITH THE RECOMMENDATION OF THE PRES	IDENT.
THE LAST COMPENSATION REVIEW FOR THE	E EXECUTIVE DIRECTOR TOOK PLACE IN
OCTOBER 2023.	
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, WI
HI,MS,NM	
FORM 990, PART VI, SECTION C, LINE	19:
THE ORGANIZATION MAKES ITS GOVERNING	G DOCUMENTS, CONFLICT OF INTEREST POLIC
AND FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER B	FEES:
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	177,749
MANAGEMENT AND GENERAL EXPENSES	4,350
FUNDRAISING EXPENSES	0
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REVIEW OF NONPROFIT SALARY SURVEYS ARE CONDUCTED AND REVIEWED ANNUALLY TO ESTABLISH MANAGEMENT COMPENSATION. A RECOMMENDATION IS SUBMITTED TO THE

2023

Schedule O (Form 990) 2023

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:

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Schedule O (Form 990) 2023 Name of the organization	Employer identification numbe
INSTITUTE FOR CONSERVATION LEADERSHIP	52-1708211
TOTAL EXPENSES	182,099.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	3,510.
MANAGEMENT AND GENERAL EXPENSES	242.
FUNDRAISING EXPENSES	107.
TOTAL EXPENSES	3,859.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	185,958.