			** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From		OMB No. 1545-0047
For	_ <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)		2023
1 01	•		Do not enter social security numbers on this form as it may b		Open to Public
Dep: Inter	artment ( nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest	-	Inspection
Α	For th	e 2023 calend	ar year, or tax year beginning ${ m APR}1$ , $2023$ and ending	<u>MAR 31, 2024</u>	
	Check if applicab	ole: C Name or	forganization	D Employer identified	cation number
	Addre	ess TNTE	RNATIONAL CRANE FOUNDATION, INC.		
	Name	<u>_</u>	usiness as	39-11877	11
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Final return	v <b>E 11</b>	376 SHADY LANE ROAD	(608)356	
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	19,810,722.
	Amer returr Appli		BOO, WI 53913	H(a) Is this a group re	
	tion pendi		nd address of principal officer: RICHARD BEILFUSS, PHD	for subordinates	
	<b>.</b>	empt status:	AS C ABOVE $\overline{\mathbf{X}}$ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 52	H(b) Are all subordinates in	
	Websi		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 52 SAVINGCRANES.ORG	H(c) Group exemption	list. See instructions
					Nation State of legal domicile: WI
	art I	Summary			i otato or logar dormono,
	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	III, LINE 1.	
Governance					
erna	2	Check this bo	x if the organization discontinued its operations or disposed of mo		
Ň	3		ting members of the governing body (Part VI, line 1a)		25
8			lependent voting members of the governing body (Part VI, line 1b)		23
Activities	5		of individuals employed in calendar year 2023 (Part V, line 2a)		<u>    114</u> 183
tivit	6		of volunteers (estimate if necessary)		0.
Ac	/a		d business revenue from Part VIII, column (C), line 12		0.
		Net uniciated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	8,245,887.	14,721,199.
Revenue	9		ce revenue (Part VIII, line 2g)	158,833.	150,511.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	750,791.	1,355,261.
Ξ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	482,330.	244,097.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,637,841.	16,471,068.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	2,351,644.	2,282,153.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,360,361.	5,270,938.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>1,313,842.</u>	0.	0.
Ä	- b	Total fundrais	ing expenses (Part IX, column (D), line 25) $1,313,842$	4,848,537.	F 101 010
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)	11,560,542.	<u>5,191,012.</u> 12,744,103.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-1,922,701.	3,726,965.
or		Nevenue less		Beginning of Current Year	End of Year
ets c	20	Total assets (F	E Contraction of the second	57,740,973.	66,775,987.
Assets (	21		(Part X, line 26)	484,639.	706,808.
Net			fund balances. Subtract line 21 from line 20	57,256,334.	66,069,179.
	art II				
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	nents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.	

Sign	Signature of officer Date								
Here	RICHARD BEILFUSS, PHD, PRESIDENT & CEO								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature / Date	Check PTIN							
Paid	RICHARD J. LOCASTRO, CPA Richard J. Locastro 08/2	20/2024 self-employed P00288314							
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008							
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N								
	BETHESDA, MD 20814-2930	Phone no. 301 - 951 - 9090							
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No							
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)							

Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	X
<ol> <li>Briefly describe the organization's mission:</li> </ol>	<b></b>
THE INTERNATIONAL CRANE FOUNDATION WORKS WORLDWIDE TO CONS	SERVE CRANES
AND THE ECOSYSTEMS, WATERSHEDS, AND FLYWAYS ON WHICH THEY	
PROVIDE KNOWLEDGE, LEADERSHIP, AND INSPIRATION TO ENGAGE F	
RESOLVING THREATS TO CRANES AND THEIR DIVERSE LANDSCAPES.	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as me	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	the total expenses, and
revenue, if any, for each program service reported.	241 400
4a (Code:) (Expenses \$ 3,667,420. including grants of \$ 11,747.) (Revenue \$	
ICF CENTER FOR CONSERVATION LEADERSHIP - ICF'S HEADQUARTER GLOBAL CENTER FOR CONSERVATION LEADERSHIP, PROVIDING TRAIN	
PROGRAMS IN: CONSERVATION SCIENCE AND MANAGEMENT; WETLAND	
RESTORATION AND ECOLOGY; CAPTIVE CRANE MANAGEMENT; WEILAND	
ENVIRONMENTAL EDUCATION; AND CONSERVATION COMMUNICATIONS.	
INTERNATIONAL AND REGIONAL PROGRAMS INTEGRATE LEADERSHIP T	
MENTORING INTO EACH PROJECT, FOCUSING ON DEVELOPING LEADER	
COMMUNITIES THAT SHARE WATERS AND LANDSCAPES WITH CRANES.	
FOR CONSERVATION LEADERSHIP IDENTIFIES, TRAINS, MENTORS AN	
CONSERVATION LEADERSHIP AMONG A BROAD SPECTRUM OF PEOPLE,	
PROMISING YOUNG SCIENTISTS AND CONSERVATIONISTS TO THE LAN	
DECISION MAKERS WHO INFLUENCE CRANE SURVIVAL IN KEY PLACES	
4b (Code:) (Expenses \$ 2,922,206. including grants of \$ 1,923,161. ) (Revenue \$	
SUB-SAHARAN AFRICA - SUB-SAHARAN AFRICA IS HOME TO SIX CRA	NE SPECIES,
INCLUDING FOUR HIGHLY THREATENED RESIDENT SPECIES: ENDANGE	ERED GREY
CROWNED CRANES AND VULNERABLE BLACK CROWNED, WATTLED, BLUE	-
WINTERING DEMOISELLE AND EURASIAN CRANES. THE INTERNATIONA	
FOUNDATION IS ACTIVE IN MANY COUNTRIES ACROSS AFRICA, FOCU	
UNDERSTANDING AND RESOLVING THREATS TO CRANES. GREY AND BL	
CRANES ARE IN SERIOUS DECLINE DUE TO CAPTURE FOR ILLEGAL D	
AND TRADE, AND LOSS OF VITAL BREEDING WETLANDS. WATTLED CR	
THREATENED BY LARGE DAMS AND WATER DIVERSIONS AND ASSOCIAT	
DEGRADATION. THE FOUNDATION'S DIVERSE CONSERVATION PROGRAM	
RESTORING LARGE FLOODPLAINS FOR CRANES, BIODIVERSITY, AND	
SERVICES         THEY         PROVIDE;         FOSTERING         COMMUNITY-BASED         CONSERVAT           4c         (Code:         ) (Expenses \$ 2,088,626.         including grants of \$ 9,461.         ) (Revenue \$	
4c (Code:) (Expenses \$2,088,626. including grants of \$9,461.) (Revenue \$ NORTH AMERICA - NORTH AMERICA IS HOME TO TWO CRANE SPECIES	
THE WORLD'S RAREST CRANES - ENDANGERED WHOOPING CRANES AND	•
ABUNDANT CRANES - SANDHILL CRANES, WHOOPING CRANES FACE CR	
THREATS ON THEIR WINTERING GROUNDS IN AND AROUND ARANSAS N	
WILDLIFE REFUGE IN TEXAS, AND ALONG THEIR LONG MIGRATORY F	
THEIR BREEDING GROUNDS IN WOOD BUFFALO, CANADA. FOUNDATION	
FOCUS ON CONSERVING THE ARANSAS- WOOD BUFFALO WHOOPING CRA	
ESTABLISHING A SEPARATE FLOCK OF WHOOPING CRANES THROUGH	-
REINTRODUCTIONS IN THE EASTERN UNITED STATES; CAPTIVE CRAN	IE POPULATION
MANAGEMENT AND RESEARCH; AND EDUCATION AND OUTREACH TO RED	UCE THREATS
TO WHOOPING CRANES THROUGHOUT THEIR NATURAL AND REINTRODUC	
FOUNDATION'S NORTH AMERICA PROGRAM ALSO INCLUDES LONGTERM	SANDHILL
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 1,487,177. including grants of \$ 337,784.) (Revenue \$	)
<b>4e</b> Total program service expenses 10, 165, 429.	
	Form <b>990</b> (2023
SEE SCHEDULE O FOR CONTINUATION(S)	
2	
30820 745960 18904 2023.04010 INTERNATIONAL C	RANE FOUND 1890

Form 990 (2023)	INTERNATIONAL	CRANE	FOUNDATION,	INC
Part IV Checklist of F	Required Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>	x	
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7	~	
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
<b>b</b>	Schedule D, Parts XI and XII	<u>12a</u>		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	- 23	x
13 14a		14a	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	1-7a		
~	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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		<u>X</u>
20a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	<u>21</u>	<u>990</u>	(2023)
332003	5 12-21-23	rorm	550 (	2023)

332003 12-21-23

Form 990 (2023)	INTERNATIONAL		FOUNDATION,	INC.
Part IV Checklist of	Required Schedules <sub>(cc</sub>	ontinued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	05-		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in 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		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~	v	
9E -	Part V, line 1	34 25 a	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	
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)2. (51)(20) a superior to the section 5.12/b)(13)2. (51)(20)	35b		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		_ <u></u>
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)

## 10330820 745960 18904

4 2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Form Par	990 (2023) INTERNATIONAL CRANE FOUNDATION, INC. 39-1187 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	711	P	<sub>age</sub> 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ma a	
20	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tax Statements		Yes	No
Za	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 114			
b	filed for the calendar year ending with or within the year covered by this return 2a 114 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
		<u>20</u> 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	00		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country CHINA, UGANDA, ZAMBIA	14		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $_{\rm max}$ N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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? <u>N/A</u>	17		
	If "Yes," complete Form 6069.	_	000	
332005	12-21-23	Form	990	(2023)

10330820 745960 18904

5 2023.04010 INTERNATIONAL CRANE FOUND 18904\_1

Form 990	(2023)
----------	--------

## INTERNATIONAL CRANE FOUNDATION, INC.

39-1187711 Page 6

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.

			_		Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other					
	officer, director, trustee, or key employee?		ľ	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the						
-	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass		F	5		X	
6				6		X	
	<ul> <li>Did the organization have members or stockholders?</li> <li>Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or</li> </ul>						
74	more members of the governing body?			7a		X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		····· -	74			
5				7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			70		- 23	
			ŀ	8a	Х		
	The governing body? Each committee with authority to act on behalf of the governing body?			oa 8b	X		
9			·····	00	- 23		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		X	
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		_ <b>Z</b> :	
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			Yes		
0-	Did the exercitation have lead charters, branches, ex efficience?		ſ	10-	res	N X	
	Did the organization have local chapters, branches, or affiliates?		·····	10a			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		Г	10b	37	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the f	orm?	11a	X		
	<ul> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> </ul>						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done		F	12c	X		
13	Did the organization have a written whistleblower policy?		Г	13	X	<u> </u>	
4	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	I by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official		F	15a	Х		
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a					
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's					
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u>	0					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section §	501(c)(3)s	only)	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	olicy, and	financ	cial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records					
	STEVE KUHN, CFO - (608)356-9462						
	E 11376 SHADY LANE ROAD, BARABOO, WI 53913						
						(20)	

Form 990 (2023) INTERNAT	IONAL CE	RANE FOUNDAT	ION, INC.	39-1187	711 Page 7
Part VII Compensation of Officers,		• • •	oloyees, Highest Co	ompensated	
Employees, and Independe	ent Contract	ors			
Check if Schedule O contains a res	ponse or note to	o any line in this Part V	II		
Section A. Officers, Directors, Trustees, Key	y Employees, a	nd Highest Compens	ated Employees		
<ul> <li>1a Complete this table for all persons required</li> <li>List all of the organization's current office</li> <li>Enter -0- in columns (D), (E), and (F) if no competition</li> </ul>	ers, directors, tru	ustees (whether individ	, ,	•	•
<ul> <li>List all of the organization's current key e</li> <li>List the organization's five current highest who received reportable compensation (box 5 o \$100,000 from the organization and any related</li> <li>List all of the organization's former officer reportable compensation from the organization</li> <li>List all of the organization's former direct more than \$10,000 of reportable compensation See the instructions for the order in which to list</li> </ul>	compensated e f Form W-2, box organizations. rs, key employee and any related tors or trustees from the organi	mployees (other than a 6 of Form 1099-MISC es, and highest compe organizations. 5 that received, in the o zation and any related	an officer, director, truste , and/or box 1 of Form 1 nsated employees who r capacity as a former direc	e, or key employee) 099-NEC) of more than eceived more than \$10	0,000 of
Check this box if neither the organization			ated any current officer, o	director, or trustee.	
(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/trusted	n compensation	Reportable compensation from related	Estimated amount of other
	(list any	director	organization	organizations	compensation

	hours for related organizations below line)	Individual trustee or direct	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RICH BEILFUSS	40.00									
PRESIDENT & CEO, DIRECTOR		х		Х				159,855.	0.	37,625.
(2) KIM GRAY	40.00									
COO (UNTIL 2/5/2024)				Х				157,075.	0.	21,614.
(3) STEVE KUHN	40.00									
CFO				Х				137,581.	0.	13,390.
(4) KARI STAUFFER	40.00									
VICE PRESIDENT OF DEVELOPMENT				Х				110,196.	0.	23,969.
(5) CRAWFORD PRENTICE	40.00									
VP INTERNATIONAL - ASIA				Х				117,935.	0.	14,046.
(6) TODD HOLMAN	40.00									
VICE PRESIDENT OF HUMAN RESOURCES				Х				98,660.	0.	20,960.
(7) ANDY CAVEN	40.00									
VP NORTH AMERICA PROGRAMS				Х				94,954.	0.	12,238.
(8) GEORGE ARCHIBALD	40.00									
CO-FOUNDER, DIRECTOR		Х		Х				74,482.	0.	12,571.
(9) KERRYN MORRISON	40.00									
VP INTERNATIONAL - AFRICA				Х				24,094.	0.	0.
(10) ROBERTA ASHER	3.00									
CHAIR		Х		Х				0.	0.	0.
(11) STEVE EULLER	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) STEVEN BECKER	3.00									
TREASURER		Х		Х				0.	0.	0.
(13) BOB DOHMEN	3.00									
SECRETARY				Х				0.	0.	0.
(14) BARRY ACKERS	1.00									
DIRECTOR (FROM 9/25/2023)		Х						0.	Ο.	Ο.
(15) JILL ALLREAD	1.00									
DIRECTOR		х						0.	0.	0.
(16) GALSAN BATSUKH	1.00									
DIRECTOR (FROM 1/24/2023)		х						0.	0.	0.
(17) SUSAN CARNAHAN	1.00									
DIRECTOR		х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)
				5	7					. ,

10330820 745960 18904

7 2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Form 990 (2023) INTERNATI	ONAL CR	AN	Έ	FO	UN	DA	T	ION, INC.	39-118	7711	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C	;)			(D)	(E)	(	(F)
Name and title	Average	(do		Posit heck m				Reportable	Reportable	Esti	mated
	hours per	box	, unles	ss pers	son is	s both	an	compensation	compensation	amo	ount of
	week		cer an	d a dir	rector	r/trust	tee)	from	from related	0.	ther
	(list any	ector						the	organizations	comp	ensation
	hours for	or dir	a			ited		organization	(W-2/1099-MISC/	from	m the
	related	stee (	ru ste			Densa		(W-2/1099-MISC/	1099-NEC)	J Š	nization
	organizations	al tru	onal t		loyee	comi		1099-NEC)			related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organ	nizations
(18) SUE CHIN	1.00		<u> </u>	0	ž	Ξ	Œ				
DIRECTOR		х						0.	0		0.
(19) LINDA DISANTIS	1.00										
DIRECTOR (FROM 1/23/2024)		х						0.	0		0.
(20) STEPHEN GAST	1.00									<u> </u>	
DIRECTOR (FROM 1/23/2024)		x						0.	0		0.
(21) KAY HALE	1.00								, v	•	
DIRECTOR	1.00	x						0.	0		0.
	2 00	^			_			0.	0	•	0.
(22) ELEANOR HOAGLAND	2.00	v									0
DIRECTOR	2 00	Х						0.	0	•	0.
(23) MIKE HORN	2.00										•
DIRECTOR	1 00	Х						0.	0	•	0.
(24) CHRIS HUNT	1.00										-
DIRECTOR		Х						0.	0	•	0.
(25) PAULA JOHN	1.00										
DIRECTOR		Х						0.	0	•	0.
(26) GRAHAM KESSEL	1.00										
DIRECTOR		Х						0.	0	•	0.
1b Subtotal								974,832.	0	. 156	,413.
c Total from continuation sheets to Part VII	, Section A							0.	0	•	0.
d Total (add lines 1b and 1c)								974,832.	0	. 156	,413.
2 Total number of individuals (including but no								eceived more than \$100	000 of reportable	•	-
compensation from the organization					,	,			I.		5
										)	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director truste	ee k	ev e	molo	over	e or	hic	nhest compensated emp	lovee on		
line 1a? If "Yes," complete Schedule J for su	,					·			,	3	X
4 For any individual listed on line 1a, is the su										-	
										4	X
and related organizations greater than \$150	,		•							4	
5 Did any person listed on line 1a receive or a					•			-	dual for services	-	X
rendered to the organization? <i>If</i> "Yes." com	olete Schedule	e J fo	or sl	ich p	erso	on.				5	A
Section B. Independent Contractors											
1 Complete this table for your five highest cor	-	-								sation from	n
the organization. Report compensation for t	he calendar ye	ear e	ndir	ig wi	th o	or wit	thir	<i>`</i>	ear.		
(A)								(B)		(C)	
Name and business	address							Description of s	services	Compens	sation
THYSSE PRINTING SERVICE											
780 CUSICK PKWY, OREGON,								PRINTING SER		116	<u>,130.</u>
CLR DESIGN INC, 883 CHEST		ΕE	т,	St	JI	TE		ARCHITECTURE	/ DESIGN		
909, PHILADELPHIA, PA 191	07							SERVICES		104	<u>,464.</u>
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	hos	e lis	ted	l above) who received m	ore than		
\$100,000 of compensation from the organiz					2						
SEE PART VII, SECTION	A CONT	IN	UΑ	TIC	ЛC	SI	HE	ETS		Form <b>9</b> 9	<b>90</b> (2023)
332008 12-21-23											

Form 990 INTERNAT	IONAL CF	AN	E	FO	UN	DA	TI	ON, INC.	39-118	7711	
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (		, ,		
(A)	(A) (B)							(D)	(E)	(F)	
Name and title	Average					Reportable	Reportable	Estimated			
	hours	(chec		heck all that apply)			ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	٥r				loyee		the	organizations	compensation from the	
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	related	e or i	stee			sated		(00-2/1033-10100)		and related	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pen sated em ployee				organizations	
	below	idual	tution	er	em plc	est co	ıer			0	
	line)	Indiv	Insti	Officer	Key	High	Former				
(27) HEIDI KIESLER	2.00									-	
DIRECTOR	1	Х						0.	0.	0.	
(28) LARRY KUETER	1.00								0	0	
DIRECTOR		X						0.	0.	0.	
(29) TOM LEIDEN	2.00	v							0.	<u>^</u>	
DIRECTOR (30) MICAELA LEVINE	1 00	Х				-		0.	U •	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(31) PATTI MCKIETHAN	1.00					<u> </u>		U •	<b>U</b> •	0.	
DIRECTOR (UNTIL 9/11/2023)	1.00	х						0.	0.	0.	
(32) NANCY MERRILL	2.00										
DIRECTOR (UNTIL 9/25/2023)		х						0.	0.	0.	
(33) PAUL ROBBINS	2.00										
DIRECTOR		х						0.	0.	0.	
(34) JASON SAUEY	1.00										
DIRECTOR		Х						0.	0.	0.	
(35) JENNIFER SPEERS	2.00										
DIRECTOR		Х						0.	0.	0.	
		-								<u></u>	
		1									
Total to Part VII, Section A, line 1c											
TOTAL TO FAIL VII, SECTION A, III TO								I			

332201 04-01-23

Pa	rt V	/111	Statement of Re	venu	e						
			Check if Schedule O	contair	ns a resp	onse	or note to any line				
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts							616,745.				
۵. ۵			Fundraising events				463,404.				
ifts ar A			Related organizations								
n, Bilio			Government grants (contr				465,202.				
, Si Si			All other contributions, gifts,								
but			similar amounts not included				13,175,848.				
Ö		g	Noncash contributions included in	lines 1a-	1f <b>1g</b>	\$	570,447.				
a Co		h	Total. Add lines 1a-1f					14,721,199.			
							Business Code				
ė	2	а	TOURS & ADMISSIONS				900099	133,504.	133,504.		
e ri		b	SERVICE REVENUE				900099	10,997.	10,997.		
Se		с	HONORARIA				900099	6,010.	6,010.		
e an		d									
Program Service Revenue		е									
ų.		f	All other program service	revenu	e						
		g	Total. Add lines 2a-2f					150,511.			
	3		Investment income (incluc	ding di	vidends	intere	st, and				
								1,355,550.			1355550.
	4		Income from investment of				ł				
	5		Royalties	· · · · · · · · · · · · · · · · · · ·							
			<b>a</b>		(i) Re	ai	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	7		Net rental income or (loss) Gross amount from sales of	" <u></u>	(i) Secu		(ii) Other				
	'	a	assets other than inventory	7a	3,006		4,000.				
		h	Less: cost or other basis	14	-,	,	1,0001				
e		U	and sales expenses	7b	3,010	979.	٥.				
Revenue		c	Gain or (loss)	7c	-4		4,000.				
sev.			Net gain or (loss)				,	-289.			-289.
<u> </u>	8		Gross income from fundraisi								
Othe	-				04. of						
-			contributions reported on	line 1	c). See						
			Part IV, line 18		-	8a	65,172.				
		b				8b	71,353.				
		с	Net income or (loss) from	fundra	aising ev	ents		-6,181.			-6,181.
	9	а	Gross income from gamin	ng activ	vities. Se	e					
			Part IV, line 19			. 9a					
		b	Less: direct expenses			. 9b					
		с	Net income or (loss) from	gamin	g activit	ies					
	10	а	Gross sales of inventory, I								
			and allowances			. <u>10a</u>					
			Less: cost of goods sold			. 10b	257,322.				
		С	Net income or (loss) from	sales	of invent	ory		190,898.	190,898.		
SI			EX LOGG				Business Code	20.050			20.050
eor	11		FX LOSS				900099	30,859.			30,859.
llan			MISCELLANEOUS				900099	25,656.			25,656.
Miscellaneous Revenue		-	REIMBURSEMENTS				900099	2,865.			2,865.
Mis							<u> </u>	E0 200			
	40		Total. Add lines 11a-11d		<u></u>	<u></u>		59,380. 16,471,068.	341,409.	0.	1408460.
33200	12		Total revenue. See instructio				I	10, 17, 000.	1 541,409.	J. J.	Form <b>990</b> (2023)
JJ200	12-	- 2 1-	20								

10

INTERNATIONAL CRANE FOUNDATION, INC.

332009 12-21-23

Form 990 (2023)

2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

39-1187711 Page 9

INTERNATIONAL CRANE FOUNDATION, Part IX Statement of Functional Expenses

Page 10 39-1187711

INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	70,938.	70,938.		
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	2,211,215.	2,211,215.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,121,437.	517,076.	335,068.	269,293.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,346,894.	2,414,059.	361,809.	571,026.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	58,206.	45,875.	3,803.	8,528.
9	Other employee benefits	428,173.	305,016.	52,756.	70,401.
10	Payroll taxes	316,228.	209,471.	48,087.	58,670.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,760.	1,564.	196.	
С	Accounting	46,795.	41,578.	5,217.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,193,222.	1,060,206.	133,016.	
12	Advertising and promotion	285,335.	166,288.	1,066.	117,981.
13	Office expenses	312,256.	235,193.	34,842.	42,221.
14	Information technology	255,111.	99,193.	136,854.	19,064.
15	Royalties				
16	Occupancy	175,944.	155,542.	20,335.	67.
17	Travel	975,349.	880,652.	45,027.	49,670.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,085,079.	1,055,993.	16,323.	12,763.
23	Insurance	122,249.	108,074.	14,129.	46.
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	MAINTENANCE & REPAIRS	314,971.	217,085.	33,320.	64,566.
b	FIELD SUPPLIES	135,074.	135,063.		11.
с	OP. SUPP CRANE CARE	68,164.	68,143.		21.
d	CREDIT CARD FEES	42,542.	26,441.	7,556.	8,545.
е	All other expenses	177,161.	140,764.	15,428.	20,969.
25	Total functional expenses. Add lines 1 through 24e	12,744,103.	10,165,429.	1,264,832.	1,313,842.
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)				
33201		11			Form <b>990</b>

11

Form 990 (2023)

Part X | Balance Sheet

39-1187711 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
		·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,543.	1	1,540.
	2	Savings and temporary cash investments	4,192,109.	2	8,081,435.		
	3	Pledges and grants receivable, net	1,411,367.	3	5,674,046.		
	4	Accounts receivable, net	20,182.	4	90,394.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			88,355.	8	96,131.
Ä	9	Prepaid expenses and deferred charges			124,081.	9	178,400.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,336,666.	10 501 110		
	b	Less: accumulated depreciation	10b	10,296,679.	12,501,413.	10c	12,039,987.
	11	Investments - publicly traded securities			38,168,436.	11	39,074,861.
	12	Investments - other securities. See Part IV, line 1		200,000.	12	200,000.	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			1 0 2 2 4 0 7	14	1 220 102
	15	Other assets. See Part IV, line 11			1,033,487.	15	1,339,193.
	16	Total assets. Add lines 1 through 15 (must equa			57,740,973.	16	66,775,987.
	17	Accounts payable and accrued expenses	402,652.	17	521,379.		
	18	Grants payable		81,987.	18	118,522.	
	19	Deferred revenue			01,907.	19	110, 522.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes		F		22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	23	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines					
		of Schedule D	,		0.	25	66,907.
	26	Total liabilities. Add lines 17 through 25			484,639.	26	706,808.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27			42,078,509.	27	43,539,011.	
Fund Balances	28	Net assets with donor restrictions	15,177,825.	28	22,530,168.		
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
s G	29	Capital stock or trust principal, or current funds				29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
Net	32	Total net assets or fund balances			57,256,334.	32	66,069,179.
	33	Total liabilities and net assets/fund balances			57,740,973.	33	66,775,987.

Form **990** (2023)

Form	990 (2023) INTERNATIONAL CRANE FOUNDATION, INC.	39-	11877	/11	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,471		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,744		
3	Revenue less expenses. Subtract line 2 from line 1	3		,726		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,256		
5	Net unrealized gains (losses) on investments	5	5,	,085	5,8	71.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				9.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	66	,069	),1	<u>79.</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	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	Separate basis X 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	Х	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	L			
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?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

<u>Total</u>

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	e organization
-------------	----------------

Employer identification number
39-1187711

				CRANE FOUNDAT					9-1187711	
Ра	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions			
The	organ	ization is not a private found								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter th	ne hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental un	it described	1 in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general pu	ublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a l	and-grant c	ollege	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	he college o	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membershij	p fees, and	gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	support fro	om gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization aft	ter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functio	ns of, or to car	ry out the p	urposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section \$	509(a)(2).	See section 5	<b>09(a)(3).</b> Cł	neck the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled I	by its supp	ported org	anization(s), ty	pically by gi	iving	
		the supported organization			majority o	f the direc	tors or trustee	s of the sup	porting	
		organization. You must o	-							
b		<b>Type II.</b> A supporting org	-				•		-	
		control or management o			ame persoi	ns that co	ntrol or manag	e the suppo	orted	
		organization(s). You mus								
С		J Type III functionally inte						y integrated	with,	
		its supported organization	. , .	•			-			
d		J Type III non-functionally						-		
		that is not functionally int		• •	•		-	an attentive	eness	
		requirement (see instructi Check this box if the orga								
е		Ŭ					турет, турет	, type in		
f	Ente	functionally integrated, or Type III non-functionally integrated supporting organization.  Inter the number of supported organizations								
g		vide the following information	•	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	No	support (see ins	structions)	support (see instructions)	
				above (see instructions))						
_										

Schedule	A (Form 990)	2023
Part II	Suppor	t Sc

INTERNATIONAL CRANE FOUNDATION, INC.

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14773959.	8150020.	9742550.	8245887.	<u>14721199.</u>	55633615.
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	14773959.	8150020.	9742550.	8245887.	14721199.	55633615.
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)						<u>11119375.</u>
	Public support. Subtract line 5 from line 4.						<u>44514240.</u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	14773959.	8150020.	9742550.	8245887.	14721199.	<u>55633615.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	585,165.	454,507.	499,983.	822,458.	1355550.	3717663.
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.)	37,384.	26,384.	-6,352.	305,033.		421,829.
11	Total support. Add lines 7 through 10						59773107.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,236,956.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			())		14	74.47 %
	Public support percentage from 2022					15	79.49 %
<b>1</b> 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		0				
b	<b>33 1/3% support test - 2022.</b> If the o				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
_	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<ul> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> </ul>	(4) 2013	(5) 2020	(6) 2021	(4) 2022	(6) 2020	(i) rotai
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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business 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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						

INTERNATIONAL CRANE FOUNDATION,

(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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

## 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

amount on line 13 for the year \_\_\_\_\_\_ c Add lines 7a and 7b \_\_\_\_\_\_

Schedule A (Form 990) 2023

		1	1			1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	-			-		
check this box and stop here						
Section C. Computation of Public		-			1 1	
<b>15</b> Public support percentage for 2023 (lin			column (f))			%
16 Public support percentage from 2022					16	%
Section D. Computation of Invest		Ť			1 1	
17 Investment income percentage for 202	23 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from 2	022 Schedule A,	, Part III, line 17			18	%
19a 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	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	d <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	Ind
line 18 is not more than 33 1/3%, chec	k this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	

16

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2023

39-1187711 Page 3

INC.

10330820 745960 18904

332023 12-21-23

2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

17

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a <u>9b</u> 9c 10a 10b Schedule A (Form 990) 2023

### INTERNATIONAL CRANE FOUNDATION. 39-1187711 Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No

INC.

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

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

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

### the supported organization(s) Section D. All 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 Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

1

2

1

Yes No

No Yes

10330820 745960 18904

18

	dule A (Form 990) 2023 INTERNATIONAL CRANE FOU			39-1187711 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	1
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-function	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

INTERNATIONAL CRANE FOUNDATION, IN
------------------------------------

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	()
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	. 3	3
4	Amounts paid to acquire exempt-use assets		2	4
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	Ę	5
6	Other distributions (describe in Part VI). See instructions.		6	6
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	8
9	Distributable amount for 2023 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		10	0
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	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			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	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			

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	INTER	NATIONAL	CRANE	FOUNDAI	ION, I	NC.	39-1187711 Page
Part VI	Supplemental Part IV, Section A,	Information. P lines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	Provide the expla lb, 4c, 5a, 6, 9a, 3; Part IV, Sectio	anations requ 9b, 9c, 11a, on E, lines 1c	ired by Part II, 11b, and 11c; , 2a, 2b, 3a, an	line 10; Parl Part IV, Sec Id 3b; Part V	: II, line 17a or <sup>-</sup> tion B, lines 1 a ', line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
332028 12-21-2	23			21				Schedule A (Form 990) 20

\*\* PUBLIC DISCLOSURE COPY \*

## **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

Schedu	le	В
Earm 000)		

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

	NTERNATIONAL	CRANE	FOUNDATION,	INC.	
--	--------------	-------	-------------	------	--

39-1187711

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

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 set of the parts unless to the set of the

**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.

Schedule B (Form 990) (2023)

10330820 745960 18904

Name of organization

INTERNATIONAL CRANE FOUNDATION, INC.

			110,711
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000,100.	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		\$ <u>1,282,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>354,113.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$300,000.	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
		\$	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.)

Employer identification number

39-1187711

Page 2

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
		\$	
323453 12-26	-23	`	Schedule B (Form 990) (2023)

10330820 745960 18904

2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Employer identification number

39-1187711

Page 3

INTERNATIONAL CRANE FOUNDATION, INC.

Name of organization

Schedule I	B (Form 990) (2023)				Page <b>4</b>
Name of o	organization				Employer identification number
TNTER	NATIONAL CRANE FOUNDATIO	ON INC.			39-1187711
Part III		ons to organizations descritions to organizations description through (e) and the following the through (e), contributions of \$	a line entry. For or	ganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transt	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
	<b>-</b>	(e) Transf			
	Transferee's name, address, a	na ZIP + 4	K	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
		(e) Transf	-		
	Transferee's name, address, a	nd ZIP + 4	R(	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
323454 12-26	6-23				Schedule B (Form 990) (2023)

25 2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

SCHEDULE D
------------

(Form	990	)
-------	-----	---

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.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

	INTERNATIONAL CRANE			39-1187711
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Account	S. Complete if the
•	organization answered "Yes" on Form 990, Part IV, line	6.		-
		(a) Donor advised funds	(b) Func	Is and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	F			
	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring	
D.				Yes No
Par	t II Conservation Easements. Complete if the orga	inization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	storically i	mportant land area
	X Protection of natural habitat	Preservation of a ce	ertified hist	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	conservati	on easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	1
b				0.00
с	Number of conservation easements on a certified historic struct			1
d	Number of conservation easements included on line 2c acquire			
-	on a historic structure listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, relea			
U	year 0	ased, extinguished, or terminated by the orga		
4		ment is leasted 1		
_	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			X Yes No
~	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ition easer	nents during the year
_	<u>    10                                </u>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements	during the year
_	0.			
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170(h)(4)(E	3)(i)	
9	In Part XIII, describe how the organization reports conservation	-		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements	that descr	ibes the
	organization's accounting for conservation easements.		<u> </u>	<b>.</b>
Par	t III Organizations Maintaining Collections of A		Similar	Assets.
	Complete if the organization answered "Yes" on Form S	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthe	rance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet v	vorks of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of publ	ic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	··· · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB AS	-	/1	
я	Revenue included on Form 990, Part VIII, line 1		¢	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	•	or i orni 330.		
332051	09-28-23	26		

26

	dule D (Form 990) 2023 INTERNA	TIONAL CRAN	E FOUNDAT	ION, INC.		<u>39-118</u>	37711	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	her Similar	Assets	(continu	Jed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significant u	se of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt purpos	se in Part X	KIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sim	ilar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	llection?			Yes	No
Par	t IV Escrow and Custodial Arran	gements Complet	e if the organization	answered "Yes" o	on Form 990,	Part IV, lin	ie 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets r	not included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F						Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Part XI				
Par	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years bac	., ,	ears back		years back
1a	Beginning of year balance	36,275,675.	40,433,626.	38,418,942		58,069.	23,4	466,579.
b	Contributions	931,477.	273,121.		1. 8,60	63,690.	1,1	230,295.
	Net investment earnings, gains, and losses	6,067,591.	-1,762,713.	2,084,319	9. 8,69	92,815.	-1,3	345,321.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	3,192,064.	2,668,359.	1,962,000	5. 1,09	95,632.	1,1	193,484.
f	Administrative expenses							
g	End of year balance	40,082,679.	36,275,675.	40,433,626	5. 38,41	18,942.	22,1	158,069.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:				
	Board designated or quasi-endowment	79.8500	_%					
b	Permanent endowment <u>11.2490</u>	%						
с	Term endowment 8.9000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered fo	r the		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot	• • •		) Accumulate	d	(d) Book	value
		basis (investm	,	· · · ·	depreciation			
	Land			1,758.				,758.
	Buildings		14,73	<u>9,610.</u> 7	,649,76	<u>8.</u>	/,089	,842.
с	Leasehold improvements							
d	Equipment				,921,90			,145.
	Other			8,250.	725,00			,242.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ≽	( <u>line 10c. column</u>	<u>(B))</u>		<u>   12</u>	2,039	,987.
						Schedule	D (Form	990) 2023

Schedule D	(Form 990) 2023	INTERNATION	AL CRANE	FOUNI	DATION,	INC.	39-	1187711	Page 3
Part VII	Investments -	Other Securities							
	Complete if the or	ganization answered "Yes"	on Form 990, Pa	rt IV, line	11b. See Forn	n 990, Part X, li	ne 12.		
(a) Descrip	tion of security or cate	GOTY (including name of security)	(b) Book va	alue	(c) Meth	od of valuation:	Cost or end-o	f-year market va	alue
(1) Financia	al derivatives								
(2) Closely	held equity interests	S							
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
<u>(H)</u>									
		00, Part X, line 12, col. (B))							
Part VIII		Program Related.							
		ganization answered "Yes"							
	(a) Description o	finvestment	(b) Book va	alue	(c) Meth	od of valuation:	Cost or end-o	f-year market va	lue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 99 Other Assets	00, Part X, line 13, col. (B))							
Part IX				the state of the s	114 0		15		
	Complete il trie ori	ganization answered "Yes"	Description	rt iv, ime	TTU. See Form	1990, Part X, II			
		(d)	Description					<b>(b)</b> Book va	ue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
	(h)								
Part X	Other Liabiliti	<u>Form 990, Part X, line 15, co</u>	I. (B))						
T are X		ganization answered "Yes"	on Form 990 Pa	rt IV line	11e or 11f. Se	e Form 990 Pa	art X line 25		
4		Description of liability						(b) Book va	ue
<u>1.</u> (1) Ead	leral income taxes							(1) 20011 14	
		ASE LIABILITY						47	487.
		E LIABILITY							420.
(3) F L (4)								,	420.
(5)									
(7)									
(8)									
(9) Total (Option								66	907.
	., , ,	orm 990, Part X, line 25, co							507.
∠. Liability	ior uncertain tax po	ositions. In Part XIII, provide	une text of the fo	jotnote to	uie organizat	on's financial s	latements that	reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 INTERNATIONAL CRANE FOUNDA					1187711	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue	e per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.					
1	Total revenue, gains, and other support per audited financial statements				1	21,674	,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	5,085	<u>,871.</u>			
b	Donated services and use of facilities	. 2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	117	,622.			
е	Add lines 2a through 2d				2e		<u>,493.</u>
3	Subtract line 2e from line 1				3	16,471	,068.
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					
b	Other (Describe in Part XIII.)	. 4b					
~	Add lines <b>4a</b> and <b>4b</b>				4c		0.
C							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)				5	16,471	<u>,068.</u>
5			h Expens	es per R	•		,068.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ients Wit	h Expens	es per R	•	n	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ients Wit	h Expens	es per R	•		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wit	h Expens	es per R	etur	n	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         TXII Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ients Wit	h Expens	es per R	etur	n	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wit	h Expens	es per R	etur	n	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	h Expens	es per R	etur	n	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	h Expens	es per R	etur	n 12,733	,970.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expense 806	es per R	etur	n <u>12,733</u> 806	<u>,970.</u>
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expense 806	es per R	1	n 12,733	<u>,970.</u>
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expense 806	es per R	1 2e	n <u>12,733</u> 806	<u>,970.</u>
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	h Expense 806	es per R	1 2e	n <u>12,733</u> 806	<u>,970.</u>
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expense 806	es per R	1 2e	n <u>12,733</u> 806	<u>,970.</u>
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	806 816	es per R	1 2e	n <u>12,733</u> <u>806</u> 11,927 816	<u>,970.</u> , <u>712.</u> , <u>258.</u> ,845.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	h Expense 806 816	,712.	2e 3	n 12,733 806 11,927	<u>,970.</u> , <u>712.</u> , <u>258.</u> ,845.

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

## PART II, LINE 9:

THE '	VALUE	OF	THE	CONSERVATION	EASEMENT	IS	NOT	REFLECTED	IN	THE
-------	-------	----	-----	--------------	----------	----	-----	-----------	----	-----

FOUNDATION'S FINANCIAL STATEMENTS.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS,

FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS A LONG-TERM

ENDOWMENT, A BOARD DESIGNATED LIQUIDITY FUND (BLF), AND A BOARD DESIGNATED

CONSERVATION IMPACT FUND (CIF).

## THE FOUNDATION ESTABLISHED THE BLF DURING 2018. THESE FUNDS ARE NOT

CONSIDERED A PART OF THE LONG-TERM ENDOWMENT. THE AIM IN ESTABLISHING THE 332054 09-28-23

29

Schedule D (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC. 39-1187711 Page 5 Part XIII Supplemental Information (continued) BLF WAS TO ALLOCATE A PORTION OF THE BOARD-DESIGNATED FUNDS TO A POOL OF INVESTMENTS THAT WOULD BE A READILY AVAILABLE AND STABLE SOURCE OF FUNDING FOR ANY OPERATING DEFICITS THAT MAY OCCUR. HENCE, THE BLF HAS AN INVESTMENT OBJECTIVE OF INCOME AND CAPITAL PRESERVATION.

THE FOUNDATION ESTABLISHED THE CIF DURING THE YEAR ENDED MARCH 31, 2021. THESE FUNDS ARE NOT CONSIDERED A PART OF THE LONG-TERM ENDOWMENT. THE PURPOSE OF THE CIF IS TO SUPPORT INVESTMENT IN MISSION RELATED INITIATIVES AND PROGRAMS AT THE DISCRETION OF THE PRESIDENT AND WITH THE APPROVAL OF THE BOARD. THE CIF HAS ITS OWN INVESTMENT ALLOCATION POLICY. THE CIF REPLACED THE BLF AS THE PRIMARY SOURCE OF BOARD-APPROVED SPENDING FOR SUPPLEMENTAL DRAWS OR INVESTMENTS IN NEW INITIATIVES. THE CIF HAS AN INVESTMENT OBJECTIVE OF BOTH INCOME AND CAPITAL PRESERVATION WITH A STRONGER FOCUS ON INCOME THAN THE BLF.

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS LONG-TERM ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THEM, WHILE ALSO SEEKING TO MAINTAIN THE PURCHASING POWER OF THE LONG-TERM ENDOWMENT ASSETS. LONG-TERM ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD(S) AS WELL AS FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS A LONG-TERM ENDOWMENT.

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE FOUNDATION TARGETS A DIVERSIFIED ASSET Schedule D (Form 990) 2023

Ocheu

 Schedule D (Form 990) 2023
 INTERNATIONAL CRANE FOUNDATION, INC.
 39-1187711
 Page 5

 Part XIII
 Supplemental Information (continued)

 ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO

 ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS.

THE FOUNDATION HAS A BOARD APPROVED POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5% OF ITS LONG-TERM ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ADDITION, THE BOARD-DESIGNATED LONG-TERM ENDOWMENT ASSETS MAY BE USED FOR CURRENT SPECIAL NEEDS CONSISTENT WITH THE FOUNDATION'S MISSION AND SUBJECT TO BOARD OF DIRECTORS' APPROVAL, INCLUDING TRANSFERS TO BOARD LIQUIDITY FUND OR CONSERVATION IMPACT FUND. IN ESTABLISHING THIS POLICY, THE FOUNDATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENTS' ASSETS, AND ITS GOAL TO MAINTAIN THE PURCHASING POWER OF THE LONG-TERM ENDOWMENT ASSETS WHETHER HELD IN PERPETUITY OR FOR A SPECIFIED TERM. REAL GROWTH IN ENDOWMENT ASSETS IS PRIMARILY EXPECTED TO BE ACHIEVED BY FUTURE GIFTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE IN	71,353.
THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST	
EVENT REVENUE ON FORM 990, PART VIII, LINE 88.	
REVENUE FROM ICF ZAMBIA, INCLUDED IN THE CONSOLIDATED	46,269.
AUDIT REPORT, BUT EXCLUDED FROM ICF, INC. FORM 990 REPORTING.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	117,622.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE IN	71,353.
THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST	
EVENT REVENUE ON FORM 990, PART VIII, LINE 88.	
Schedu	ule D (Form 990) 2023

31

332055 09-28-23

10330820 745960 18904

Schedule D (Form 990) 2023         INTERNATIONAL CRANE FOUNDATION, INC.         39           Part XIII         Supplemental Information (continued)         39	9-1187711 Page 5
EXPENSES FROM ICF ZAMBIA, INCLUDED IN THE CONSOLIDATED	735,359.
AUDIT REPORT, BUT EXCLUDED FROM ICF, INC. FORM 990 REPORTING.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	806,712.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ELIMINATION - GRANT FROM ICF, INC. TO ICF ZAMBIA	816,845.
Sc	hedule D (Form 990) 2023

3 a Subtotal	2	25				4,
<b>b</b> Total from continuation sheets to Part I	0	0				
c Totals (add lines 3a		25				4,
and 3b)	2	20				±,
and 3b)	<sup>2</sup> lotice, see the				Sched	ule F (Form
/	lotice, see the				Sched	
For Paperwork Reduction Act N	lotice, see the				Sched	
For Paperwork Reduction Act N			or Form 990. 33	INTERNATION		ule F (Forr

SCHEDULE F	Statement of Activities Outside the United States
(Form 990)	Complete if the organization answered "Yes" on Form 990. Part IV, line 14b, 15. or 16.

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

No

8904\_1

39-1187711

Department of the Treasury Internal Revenue Service Name of the organization

#### INTERNATIONAL CRANE FOUNDATION, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I

Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 2

J Activities per negion. (1	rie ioliowing Fait	i, inte o table ca	in de duplicateu li adultional space is i		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
		in the region			
EAST ASIA AND THE			GRANTS AND OTHER ASSISTANCE		
PACIFIC	0	0	TO RECIPIENTS IN THE REGION		245,719.
			GRANTS AND OTHER ASSISTANCE		
SUB-SAHARAN AFRICA	0	0	TO RECIPIENTS IN THE REGION		1,932,924.
			GRANTS AND OTHER ASSISTANCE		
SOUTH ASIA	0	0	TO RECIPIENTS IN THE REGION		30,000.
RUSSIA AND			GRANTS AND OTHER ASSISTANCE		
NEIGHBORING STATES	0	0	TO RECIPIENTS IN THE REGION		2,572.
EAST ASIA AND THE PACIFIC	1	11	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	1,059,284.
	1	11	FROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	1,039,204.
SUB-SAHARAN AFRICA	1	13	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	911,095.
RUSSIA AND					
NEIGHBORING STATES	0	1	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	25,763.
<b>3 a</b> Subtotal	2	25			4,207,357.
<b>b</b> Total from continuation					
sheets to Part I	0	o			0.
c Totals (add lines 3a					
and 3b)	2	25			4,207,357.
For Paperwork Reduction Ac	ct Notice. see th	e Instructions f	or Form 990.	Schedule F	(Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CRANE PRESERVATION	14,410.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE						
			CRANE PRESERVATION	17,608.	WIRE TRANSFERS	0.		
				,				
		EAST ASIA AND THE						
		PACIFIC	CRANE PRESERVATION	25,795.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE						
		PACIFIC	CRANE PRESERVATION	18,307.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE						
		PACIFIC	CRANE PRESERVATION	20 705.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE						
		PACIFIC	CRANE PRESERVATION	7,216.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE						
			CRANE PRESERVATION	13,831.	WIRE TRANSFERS	0.		
		EAST ASIA AND THE		21 200	MIDE MONGERS			
2 Enter total number of			CRANE PRESERVATION		WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

<u>16</u> 4

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Schedule F (Form 990)			NE FOUNDATION,		39-11			Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	59,000.	WIRE TRANSFERS	0.		
		SOUTH ASIA	CRANE PRESERVATION	22,000.	WIRE TRANSFERS	0.		
		SOUTH ASIA	CRANE PRESERVATION	8,000.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	60,000.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	6,000.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	319,434.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	500,788.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	7,300.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	164,320.	WIRE TRANSFERS	0.		

Schedule F (Form 990)			NE FOUNDATION,		39-11			Page <b>2</b>
1	of Grants and Other ( (b) IRS code section		tions or Entities Outside the (d) Purpose of	United States. (e) Amount	(Schedule F (Form 9 (f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	14,342.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CRANE PRESERVATION	23,000.	WIRE TRANSFERS	0.		
			ASSISTANCE TO ICF ZAMBIA	816.845.	WIRE TRANSFERS	0.		

37

Schedule F (Form 990) 2023

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
CRANE PRESERVATION	PACIFIC	4	37,200.	WIRE TRANSFERS	0.		
	SUB-SAHARAN						
CRANE PRESERVATION	AFRICA	5	20,895.	WIRE TRANSFERS	0.		

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

Part III can be duplicated if additional space is needed.

Page 3

39-1187711 <sub>Ра</sub>
--------------------------

Sched	lule F (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC.	39-1187711	Page
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No

5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If			
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see			
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No	

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023	INTERNATIONA	CRANE	FOUNDATION	I, INC.	39-1187711	Page 5
Part V Supplementa						
					(accounting method; amounts of	
					ig method); and Part III, column (c)	
(estimated numbe	er of recipients), as applica	ole. Also com	plete this part to prov	ide any additior	nal information. See instructions.	
PART I, LINE 2:						
INTERNATIONAL CH	RANE FOUNDATIC	N REQUI	IRES ORGANI	ZATIONS	AND INDIVIDUALS TO	
PROVIDE DETATLE	D PERTODIC REF	ORTS T	IDTCATTNG T	HE STATU	S AND USE OF FUNDS	
		01110 11				
FOR EACH PROJECT	Г.					
332075 11-29-23					Schedule F (Form 9	90) 2023
			39			,

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties o	DMB No. 1545-0047				
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.											
Department of the Treasury		Attach to Form 990 o						Open to Public				
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information			Inspection				
Jame of the organization       Employer identification number         INTERNATIONAL CRANE FOUNDATION, INC.       39–1187711												
Part I Fundrais		Complete if the organization answe										
	complete this part			63 01	110m 330, 1 art 10, 1		. 1 0111 330-22					
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	tions email solicitations tations licitations	f Solicitat g Special	ion of ion of fundra	non-g gover iising	overnment grants nment grants events							
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua organization.	ofessi	onal fi	undraising services?	-	Yes					
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
Total           3 List all states in whi           or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration				

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

#### INTERNATIONAL CRANE FOUNDATION, INC.

<u>39-1187711 Page 2</u>

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
		EVENING WITH			(d) Total events (add col. (a) through
		THE CRANES	50TH ANNIV.	1	col. (c)
D		(event type)	(event type)	(total number)	
יפעקו ומפ	1 Gross receipts	114,072.	389,207.	25,297.	528,576
	2 Less: Contributions	93,174.	363,941.	6,289.	463,404
	<b>3</b> Gross income (line 1 minus line 2)	20,898.	25,266.	19,008.	65,172
	4 Cash prizes				
	5 Noncash prizes	100.	1,098.		1,198
	6 Rent/facility costs	2,168.	19,757.	1,526.	23,451
חוו בתר בעהבו ואבא	7 Food and beverages	10,890.	21,573.	80.	32,543
	<ul><li>8 Entertainment</li><li>9 Other direct expenses</li></ul>		4,760.	5,262.	14,161
	10 Direct expense summary. Add lines 4 throug		=,700.		71,353
- L	11 Net income summary. Subtract line 10 from				-6,181
a	rt III Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
_	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1 Gross revenue				
	2 Cash prizes				
	<ul><li>2 Cash prizes</li><li>3 Noncash prizes</li></ul>				
הוובתו באהפוואבי	3 Noncash prizes				
חוובתו באחמו ואבי	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>		└── Yes% └── No	☐ Yes %	
חוובתו באחבו ואבי	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	└── Yes% └── No		No	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> </ul>		□ No	□ No	
חוובתו באתמווממי	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>		□ No	□ No	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> </ul>	Yes %         No         gh 5 in column (d)         7 from line 1, column (d)	□ No	□ No	
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization condition is the organization licensed to conduct gaming and another set of the organization licensed to conduct gaming another set of the organization licensed to conduct gami</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No	Yes N
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization condition</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No	Yes N
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization condition is the organization licensed to conduct gaming and another set of the organization licensed to conduct gaming another set of the organization licensed to conduct gami</li></ul>	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	No	□ No	
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization concounts the organization licensed to conduct gaming and if "No," explain:</li> </ul>	Yes%         No         gh 5 in column (d)         7 from line 1, column (d)         ducts gaming activities:         activities in each of these s         revoked, suspended, or te	No	□ No	

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	INTERNATIONAL	CRANE	FOUNDATION,	INC. 39-	1187711	Page 3
11	Does the organization conduct g	aming activities with nonmem	bers?			Yes	No
	Is the organization a grantor, be						
	to administer charitable gaming'					Yes	No No
13	Indicate the percentage of gamin						
	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of t					100	///
14		the person who prepares the of	gamzation	s garning/special events			
	Name						
	Address						
	Address						
15 -	Does the organization have a co	intract with a third party from y	hom the or	agnization receives agr	ning revenue?	Yes	No
154	Does the organization have a co	ntract with a time party norm w		gamzation receives gam		[ ] 103	
				¢			
a	If "Yes," enter the amount of gai		organization	\$	and the amount		
-	of gaming revenue retained by the						
С	If "Yes," enter name and addres	s of the third party:					
	Nama						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		endent contractor			
17	Mandatory distributions:						
а	Is the organization required und	er state law to make charitable	distribution	s from the gaming proc	eeds to		
	retain the state gaming license?					L Yes	No No
b	Enter the amount of distribution	s required under state law to b	e distributed	d to other exempt organ	izations or spent in the		
	organization's own exempt activ						
Ра		rmation. Provide the explar				art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide any	additional i	nformation. See instruc	tions.		
33208	83 09-13-23				Schee	dule G (Form	990) 2023
			42				,

Schedule C	G (Form 990)	INTERNATIONAL formation (continued)	CRANE	FOUNDATION,	INC.	39-1187711	Page 4
Part IV	Supplemental In	formation (continued)					
						Schedule G (F	orm 990)

332084 04-01-23

SCHEDULE I (Form 990)			irants and Oth					OMB No. 1545-0047
(Form 390)			vernments, an ete if the organizatio					2023
Department of the Treasury		Comp		Attach to Form				Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization		ONAL CRAN	E FOUNDATIO	N, INC.				Employer identification number 39-1187711
Part I General Info	rmation on Grants a	nd Assistance						
1 Does the organizat								
criteria used to awa	ard the grants or assis	tance?						X Yes No
	the organization's pro							
	Other Assistance to I t received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and addr or gover	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF OF WISCONSIN SYSTEM SPONSORED PROGRAMS MILWAUKEE, WI 53278	I - RESEARCH AND DRAWER 538 -	39-6006492	501(C)(3)	7,000.	0.			CRANE PRESERVATION
LOUISIANA STATE UNI AGRICULTURAL CENTER ACCOUNTING SERVICES LA 70803	R - OFFICE OF	72-6000848	F01 ( G) ( 2 )	59,258.	0.			SUPPORT FOR ICF EMPLOYEE GRADUATE STUDIES
		72 0000040	501(2)(5)	55,250.				
<ul><li>2 Enter total number</li><li>3 Enter total number</li></ul>	of section 501(c)(3) ar of other organizations	с с	·	e line 1 table				<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

#### Schedule | (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC.

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

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

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

PART I, LINE 2:

INTERNATIONAL CRANE FOUNDATION REQUIRES ORGANIZATIONS AND INDIVIDUALS TO

PROVIDE DETAILED PERIODIC REPORTS INDICATING THE STATUS AND USE OF FUNDS

FOR EACH PROJECT.

39-1187711

Page 2

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງ	,
	-	Compensated Employees		20	ZJ	)
Dana	demonst of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identificatio		nber
		INTERNATIONAL CRANE FOUNDATION, INC.	39-1	118771:	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com		sidence			
		ation and gross-up payments	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the QEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the CEO (Foundation Directory had any later by the provider of the	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
		ther organizations <b>X</b> Approval by the board or compensation c	ommittee			
4	During the year die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
b						X
c						X
U	-	eive payment from an equity-based compensation arrangement?				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?	-		6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958·6(c)?		9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

39-1187711

#### 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-MIS0 compensation	C and/or 1099-NEC	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) RICH BEILFUSS	(i)	159,855.	0.	0.	5,171.	32,454.	197,480.	0.
PRESIDENT & CEO, DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM GRAY	(i)	157,075.	0.	0.	4,826.	16,788.	178,689.	0.
COO (UNTIL 2/5/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE KUHN	(i)	137,581.	0.	0.	4,116.	9,274.	150,971.	0.
CFO	(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)							

Schedule J (Form 990) 2023

# 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 M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

#### TNC

Employer identification number 39-1187711

ſ ZU **Open to Public** 

	INTERNATIONA.	L CRAN	E FOUNDAIL	LON, INC.	39-1	101	/	
Pa	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	s
1	Art - Works of art	Х	13	21,027.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	19	547,381.	FMV			
10	Securities - Closely held stock			51775010				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
44								
14 15	Qualified conservation contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			4				
25	Other ( FOOD & BEV )	X	1	1,556.				
26	Other ( FLOWERS )	X	1	483.	FMV			
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used t	or			
	exempt purposes for the entire holding period?	•				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
	Does the organization hire or use third parties of	or related or	ganizations to solid	t, process, or sell noncash				
	contributions?		•	· · ·		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
-	describe in Part II.	(-) /0	, <u> </u>		,			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023	INTERNATIONAL	CRANE	FOUNDATION,	INC.	39-1187711	Page 2
is reporting in Parl	Information. Provide the structure of the number of ditional information.	ne information f contribution	on required by Part I, lin ons, the number of items	es 30b, 32b, s received, or	and 33, and whether the organizat a combination of both. Also comp	tion plete

# SCHEDULE M, PART I, COLUMN (B):

#### THE AMOUNTS ON PART I, COLUMN B REPRESENT THE NUMBER OF DONORS WHO

PROVIDED NON-CASH CONTRIBUTIONS TO THE ORGANIZATION DURING THE YEAR.

Schedule M (Form 990) 2023

332142 09-11-23

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.



INTERNATIONAL CRANE FOUNDATION, INC.

Employer identification number 39-1187711

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLEAGUES WITH KNOWLEDGE, SKILLS, AND EXPERIENCE TO LEAD EFFECTIVE

CONSERVATION PROGRAMS IN COMMUNITIES AROUND THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND WETLANDS; SECURING CRANES IN AGRICULTURAL LANDSCAPES; REDUCING THE

IMPACT OF ILLEGAL TRADE, POWERLINES, AND ENERGY DEVELOPMENT ON CRANES;

AND LONG-TERM MONITORING AND CONSERVATION PLANNING. THESE EFFORTS IN

AFRICA HAVE CREATED GLOBAL MODELS FOR SUSTAINABLE WATER MANAGEMENT,

COMMUNITY-BASED NATURAL RESOURCE CONSERVATION, AND SUSTAINABLE

LIVELIHOODS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CRANE RESEARCH AIMED AT DEVELOPING CROSS-CUTTING STRATEGIES FOR CRANE

MANAGEMENT ON AGRICULTURAL LANDSCAPES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EAST ASIA - EAST ASIA IS HOME TO EIGHT CRANE SPECIES (THE MOST OF ANY

REGION), INCLUDING FIVE THREATENED CRANE SPECIES - CRITICALLY

ENDANGERED SIBERIAN CRANES, ENDANGERED RED CROWNED CRANES, AND

VULNERABLE HOODED, WHITE-NAPED AND BLACK-NECKED CRANES. INTENSE LAND

AND WATER DEVELOPMENT PRESSURES DUE TO RAPID ECONOMIC GROWTH THREATEN

WETLANDS OF VITAL IMPORTANCE TO CRANE SURVIVAL IN THIS REGION. THIS

CONSERVATION PROGRAM BUILDS ON THE STRONG CULTURAL TIES TO CRANES IN

EAST ASIA TO ENGAGE PEOPLE AND POLICY MAKERS IN CONSERVATION OF

PROTECTED AREAS AND THEIR SURROUNDING LANDSCAPES. THE PROGRAM ALSO

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

 LHA
 332211 11-14-23

51

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
INTERNATIONAL CRANE FOUNDATION, INC.	39-1187711
ADDRESSES THE GLOBAL IMPACT CHINA'S DEVELOPMENT AND RESOU	RCE USE WILL
HAVE ON CRANE AREAS AROUND THE WORLD. CONSERVATION PROGRA	MS IN EAST
ASIA INCLUDE SECURING CRANES AND THEIR KEY WETLANDS IN TH	E AMUR/HEILONG
RIVER BASIN; SUSTAINING VIABLE WINTERING GROUNDS FOR CRAN	ES IN
SOUTHEASTERN CHINA; CONSERVING BLACK-NECKED CRANES AND TH	EIR KEY
WETLANDS IN WESTERN CHINA; NATIONAL OUTREACH IN CHINA; CR	ANE
CONSERVATION IN THE KOREAN DMZ; AND CRANE FLYWAY CONSERVA	TION ACROSS
EAST ASIA.	
EXPENSES \$ 1,291,713. INCLUDING GRANTS OF \$ 300,336. R	EVENUE \$ 0.
SOUTH AND SOUTHEAST ASIA - SOUTH AND SOUTHEAST ASIA ARE H	OME TO THE
THREATENED SARUS CRANE AND SUPPORT WINTERING POPULATIONS	OF
BLACK-NECKED, DEMOISELLE, AND EURASIAN CRANES. STRONG CUL	TURAL AND
SPIRITUAL TIES TO SARUS CRANES IN THE HINDU AND BUDDHIST	RELIGIONS OF
THIS REGION PROVIDE UNIQUE OPPORTUNITIES TO ENGAGE PEOPLE	IN THE
CONSERVATION OF THESE INTENSELY SETTLED LANDSCAPES USING	THE REVERED
SARUS CRANE AS A FLAGSHIP SPECIES. THE FOUNDATION LEADS T	WO KEY
CONSERVATION PROGRAMS IN THE REGION. FOR MORE THAN THIRTY	YEARS, THE
FOUNDATION HAS ENGAGED IN CONSERVATION OF THE MEKONG DELT.	A REGION OF
VIETNAM AND CAMBODIA, INCLUDING ESTABLISHING TRAM CHIM NA	TIONAL PARK
(THE LARGEST WETLAND PROTECTED AREA IN VIETNAM), TRAINING	A NETWORK OF
WETLAND SCIENTISTS AND MANAGERS THAT SPANS THE REGION, AN	D CREATING A
GLOBAL MODEL FOR COMMUNITY-BASED WETLAND CONSERVATION AT	PHU MY,
VIETNAM. IN THE AYEYARWADY DELTA OF MYANMAR, OUR GOAL IS	TO ENSURE
LONG-TERM SURVIVAL OF SARUS CRANES AND OTHER BIODIVERSITY	ВҮ
DEMONSTRATING THAT NATURAL FLOATING RICE CAN SUPPORT SUST	AINABLE
LIVELIHOODS, RICH BIODIVERSITY, AND A HEALTHIER ENVIRONME	NT FOR CRANES
AND PEOPLE AS AN ALTERNATIVE TO INTENSIVE, ECOLOGICALLY-D	
<sup>332212</sup> 11-14-23 <b>52</b>	Schedule O (Form 990) 2023

10330820 745960 18904

2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Name of the organization INTERNATIONAL CRANE FOUNDATION, INC.	Employer identification number 39-1187711
PRODUCTION. THE FOUNDATION PROVIDES FARMER TRAINING TO IMP	PROVE FLOATING
RICE PRODUCTION, HELP THEM GENERATE NEW INCOME STREAMS BY	CREATING A
BRAND OF WILDLIFE-FRIENDLY "SARUS RICE," AND MONITOR BIOD	IVERSITY AND
LIVELIHOOD BENEFITS.	
EXPENSES \$ 195,464. INCLUDING GRANTS OF \$ 37,448. REVEN	WE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4:	
EFFECTIVE SEPTEMBER 2023, THE BOARD APPROVED AN AMENDMENT	TO THE ARTICLES
OF INCORPORATION TO UPDATE OUTDATED PROVISIONS AND TO REFI	LECT THE
MEMBER-APPROVED CONVERSION OF THE ORGANIZATION TO A NON-ME	EMBER
ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
UPON RECEIPT OF A DRAFT FROM ITS ACCOUNTING AND TAX FIRM,	THE FOUNDATION
PROVIDES COPIES TO THE AUDIT COMMITTEE OF THE BOARD OF DIF	RECTORS. UPON
SATISFACTORY REVIEW WITH CORPORATION MANAGEMENT AND THE AU	JDIT COMMITTEE,
THE FORM IS SHARED WITH FULL BOARD OF DIRECTORS FOR REVIEW	V PRIOR TO FILING
WITH THE IRS.	

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

ANNUALLY, AT THE SEPTEMBER BOARD MEETING, THE CONFLICT OF INTEREST

DISCLOSURE FORM IS CIRCULATED TO ALL BOARD MEMBERS, OFFICERS AND KEY

EMPLOYEES, EACH OF WHOM MUST SIGN AND RETURN THE FORM DISCLOSING ALL

CONFLICTS OF INTEREST AND POTENTIAL CONFLICTS OF INTEREST. THE HUMAN

RESOURCES DIRECTOR KEEPS A RECORD OF THE FORMS SUBMITTED BY DIRECTORS,

OFFICERS, AND KEY EMPLOYEES WHO ARE COVERED UNDER THE CORPORATION'S

CONFLICT OF INTEREST POLICIES. THE BOARD CHAIR, PRESIDENT, AND OTHER

DIRECTORS, AS THE CASE MAY BE, REVIEW CONFLICTS REPORTED OR DISCOVERED AND 332212 11-14-23 Schedule O (Form 990) 2023 53

10330820 745960 18904

2023.04010 INTERNATIONAL CRANE FOUND 18904\_\_1

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization INTERNATIONAL CRANE FOUNDATION, INC.	Employer identification number 39-1187711
MAKE A DETERMINATION OF WHETHER A CONFLICT EXISTS AND HOW	TO HANDLE THE
CONFLICT. DIRECTORS WITH A CONFLICT OF INTEREST DO NOT AUT	HORIZE, APPROVE
OR RATIFY ANY TRANSACTIONS IN QUESTION. EACH NON-KEY EMPLO	YEE SIGNS A
CONFLICT OF INTEREST FORM UPON HIRE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE HUMAN RESOURCES COMMITTEE, A STANDING COMMITTEE OF THE	BOARD OF
DIRECTORS COMPOSED OF INDEPENDENT MEMBERS OF THE BOARD OF	DIRECTORS,
REVIEWED A COMPENSATION SCHEDULE FOR THE PRESIDENT & CEO,	WHICH INCLUDED
PRIOR YEAR BENCHMARK STUDY INFORMATION, AND PERFORMED A RE	VIEW RESULTING IN
A PROPOSED ADJUSTMENT THAT WAS APPROVED BY THE INDEPENDENT	MEMBERS OF THE
BOARD IN MARCH 2023 AS PART OF THE FISCAL YEAR 2024 BUDGET	APPROVAL
PROCESS. THE PROCESS WAS AGREED UPON AND DOCUMENTED IN THE	ORGANIZATION'S
BOARD MINUTES.	

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,VA WV,WI

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

ANNUAL FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE AND ARE MADE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS AND THE FOUNDATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

332212 11-14-23

# SCHEDULE R

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023

Employer identification number 39 - 1187711

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

# INTERNATIONAL CRANE FOUNDATION, INC.

Part I

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

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

(a) Name, address, and EIN of related organization			(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
INTERNATIONAL CRANE FOUNDATION ZAMBIA							
PLOT NO. 26348, OFF KASAMA ROAD							
LIBALA SOUTH, LUSAKA, ZAMBIA	CRANE PRESERVATION	ZAMBIA	501(C)(3)		ICF		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

# Schedule R (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC.

39-1187711 Page 2

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

(a)	(b)	(c)	(d)	(	(e)	(	(f)	(	g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under		of total ome	end-c	re of f-year sets	Disprop alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	ox <sup>r</sup>	nanagin partner?	
		country)		sections	512-514)					Yes	No	K-1 (Form 10	)65) <b>y</b>	es No	)
	_														
	_														
	_														
														_	
	_														
	_														
	-														
														_	
	-														
	-														
	-														
IV Identification of Related O organizations treated as a c	r <b>ganizations Taxable</b> prporation or trust duri	as a Corpo ing the tax y	<b>ration or Trust.</b> C /ear.	Complete if t	he organizat	tion ansv	wered "Yes	s" on For	m 990, P	art IV,	line 34	4, because it h	nad or	ne or n	ore relat
(a)			(b)	(c)	(d)		(e)		(f)	)		(g)		(h)	(i) Sectio
Name, address, and of related organizati		Prim		Legal domicile (state or	Direct cont entity		Type of (C corp, S	entity	Share o	of total		Share of end-of-year	Perc	entage ership	512(b)(

Name, address, and EIN of related organization	(state or foreign		Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sec 512(b contr enti	tion o)(13) olled ity?
		country)					Yes	No	
									1
									1

#### Schedule R (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b	Х		
с	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
е	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
	Exchange of assets with related organization(s)	1i		Х	
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) INTERNATIONAL CRANE FOUNDATION ZAMBIA	В	816,845.	INTRACOMPANY TRANSFER
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			

### Schedule R (Form 990) 2023 INTERNATIONAL CRANE FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	) total	(h) Disprop tionat allocatio Yes I	or- amount in box 20 of Schedule K-1	(j) General of managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023	
----------------------------	--

Part VII	Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23