

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 04-01-2024, and ending 03-31-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL CRANE FOUNDATION INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): Room/suite: E 11376 SHADY LANE ROAD City or town, state or province, country, and ZIP or foreign postal code: BARABOO, WI 53913

D Employer identification number: 39-1187711 E Telephone number: (608) 356-9462 G Gross receipts \$ 16,193,093

F Name and address of principal officer: RICHARD BEILFUSS PHD E 11376 SHADY LANE ROAD BARABOO, WI 53913

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.SAVINGCRANES.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1973 M State of legal domicile: WI

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission or most significant activities. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3. Revenue (lines 8-12). 4. Expenses (lines 13-19). 5. Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer RICHARD BEILFUSS PHD PRESIDENT & CEO, Date 2025-08-13. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00288314, Firm's name GELMAN ROSENBERG & FREEDMAN, Firm's EIN 52-1392008, Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930, Phone no. (301) 951-9090.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE INTERNATIONAL CRANE FOUNDATION WORKS WORLDWIDE TO CONSERVE CRANES AND THE ECOSYSTEMS, WATERSHEDS, AND FLYWAYS ON WHICH THEY DEPEND. WE PROVIDE KNOWLEDGE, LEADERSHIP, AND INSPIRATION TO ENGAGE PEOPLE IN 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 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **4,059,104** including grants of \$ **52,769**) (Revenue \$ **360,541**)

ICF CENTER FOR CONSERVATION LEADERSHIP - ICF'S HEADQUARTERS INCLUDES A GLOBAL CENTER FOR CONSERVATION LEADERSHIP, PROVIDING TRAINING AND PROGRAMS IN: CONSERVATION SCIENCE AND MANAGEMENT; WETLAND AND GRASSLAND RESTORATION AND ECOLOGY; CAPTIVE CRANE MANAGEMENT AND CARE; ENVIRONMENTAL EDUCATION; AND CONSERVATION COMMUNICATIONS. ICF'S INTERNATIONAL AND REGIONAL PROGRAMS INTEGRATE LEADERSHIP TRAINING AND MENTORING INTO EACH PROJECT, FOCUSING ON DEVELOPING LEADERS IN THE COMMUNITIES THAT SHARE WATERS AND LANDSCAPES WITH CRANES. ICF'S CENTER FOR CONSERVATION LEADERSHIP IDENTIFIES, TRAINS, MENTORS AND SUPPORTS CONSERVATION LEADERSHIP AMONG A BROAD SPECTRUM OF PEOPLE, FROM PROMISING YOUNG SCIENTISTS AND CONSERVATIONISTS TO THE LAND OWNERS AND DECISION MAKERS WHO INFLUENCE CRANE SURVIVAL IN KEY PLACES, EMPOWERING COLLEAGUES WITH KNOWLEDGE, SKILLS, AND EXPERIENCE TO LEAD EFFECTIVE CONSERVATION PROGRAMS IN COMMUNITIES AROUND THE WORLD.

4b (Code:) (Expenses \$ **3,443,064** including grants of \$ **2,086,095**) (Revenue \$)

SUB-SAHARAN AFRICA - SUB-SAHARAN AFRICA IS HOME TO SIX CRANE SPECIES, INCLUDING FOUR HIGHLY THREATENED RESIDENT SPECIES: ENDANGERED GREY CROWNED CRANES AND VULNERABLE BLACK CROWNED, WATTLED, BLUE CRANES, AND WINTERING DEMOISELLE AND EURASIAN CRANES. THE INTERNATIONAL CRANE FOUNDATION IS ACTIVE IN MANY COUNTRIES ACROSS AFRICA, FOCUSED ON UNDERSTANDING AND RESOLVING THREATS TO CRANES. GREY AND BLACK CROWNED CRANES ARE IN SERIOUS DECLINE DUE TO CAPTURE FOR ILLEGAL DOMESTICATION AND TRADE, AND LOSS OF VITAL BREEDING WETLANDS. WATTLED CRANES ARE MOST THREATENED BY LARGE DAMS AND WATER DIVERSIONS AND ASSOCIATED WETLAND DEGRADATION. THE FOUNDATION'S DIVERSE CONSERVATION PROGRAMS FOCUS ON RESTORING LARGE FLOODPLAINS FOR CRANES, BIODIVERSITY, AND THE ECOSYSTEM SERVICES THEY PROVIDE; FOSTERING COMMUNITY-BASED CONSERVATION OF CRANES 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.

4c (Code:) (Expenses \$ **2,576,725** including grants of \$ **35,500**) (Revenue \$)

NORTH AMERICA - NORTH AMERICA IS HOME TO TWO CRANE SPECIES, INCLUDING THE WORLD'S RAREST CRANES - ENDANGERED WHOOPING CRANES AND THE MOST ABUNDANT CRANES - SANDHILL CRANES. WHOOPING CRANES FACE CRITICAL THREATS ON THEIR WINTERING GROUNDS IN AND AROUND ARANSAS NATIONAL WILDLIFE REFUGE IN TEXAS, AND ALONG THEIR LONG MIGRATORY FLYWAY TO THEIR BREEDING GROUNDS IN WOOD BUFFALO, CANADA. FOUNDATION PROGRAMS FOCUS ON CONSERVING THE ARANSAS- WOOD BUFFALO WHOOPING CRANE FLOCK; ESTABLISHING A SEPARATE FLOCK OF WHOOPING CRANES THROUGH REINTRODUCTIONS IN THE EASTERN UNITED STATES; CAPTIVE CRANE POPULATION MANAGEMENT AND RESEARCH; AND EDUCATION AND OUTREACH TO REDUCE THREATS TO WHOOPING CRANES THROUGHOUT THEIR NATURAL AND REINTRODUCED RANGE. THE FOUNDATION'S NORTH AMERICA PROGRAM ALSO INCLUDES LONGTERM SANDHILL CRANE RESEARCH AIMED AT DEVELOPING CROSS-CUTTING STRATEGIES FOR CRANE MANAGEMENT ON AGRICULTURAL LANDSCAPES.

(Code:) (Expenses \$ **2,510,477** including grants of \$ **1,221,592**) (Revenue \$)

ASIASOUTH AND SOUTHEAST ASIA ARE HOME TO THE THREATENED SARUS CRANE AND SUPPORT WINTERING POPULATIONS OF BLACK-NECKED, DEMOISELLE, AND EURASIAN CRANES. STRONG CULTURAL 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 TWO KEY CONSERVATION PROGRAMS IN THE REGION. FOR MORE THAN THIRTY YEARS, THE FOUNDATION HAS ENGAGED IN CONSERVATION OF THE MEKONG DELTA REGION OF VIETNAM AND CAMBODIA, INCLUDING ESTABLISHING TRAM CHIM NATIONAL PARK (THE LARGEST WETLAND PROTECTED AREA IN VIETNAM), TRAINING A NETWORK OF WETLAND SCIENTISTS AND MANAGERS THAT SPANS THE REGION, AND 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 BY DEMONSTRATING THAT NATURAL FLOATING RICE CAN SUPPORT SUSTAINABLE LIVELIHOODS, RICH BIODIVERSITY, AND A HEALTHIER ENVIRONMENT FOR CRANES AND PEOPLE AS AN ALTERNATIVE TO INTENSIVE, ECOLOGICALLY-DAMAGING RICE PRODUCTION. THE FOUNDATION PROVIDES FARMER TRAINING TO IMPROVE FLOATING RICE PRODUCTION, HELP THEM GENERATE NEW INCOME STREAMS BY CREATING A BRAND OF WILDLIFE-FRIENDLY "SARUS RICE, AND MONITOR BIODIVERSITY AND LIVELIHOOD BENEFITS. 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 ADDRESSES THE GLOBAL IMPACT CHINA'S DEVELOPMENT AND RESOURCE USE WILL HAVE ON CRANE AREAS AROUND THE WORLD. CONSERVATION PROGRAMS IN EAST ASIA INCLUDE SECURING CRANES AND THEIR KEY WETLANDS IN THE AMUR/HEILONG RIVER BASIN; SUSTAINING VIABLE WINTERING GROUNDS FOR CRANES IN SOUTHEASTERN CHINA; CONSERVING BLACK-NECKED CRANES AND THEIR KEY WETLANDS IN WESTERN CHINA; NATIONAL OUTREACH IN CHINA; CRANE CONSERVATION IN THE KOREAN DMZ; AND CRANE FLYWAY CONSERVATION ACROSS EAST ASIA.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **2,510,477** including grants of \$ **1,221,592**) (Revenue \$)

4e Total program service expenses **12,589,370**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a, b, etc.). Columns include question text, response boxes (e.g., 2a, 2b), and Yes/No/Amount columns. Row 2a shows a value of 120. Row 17 includes a note about Form 6069.

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



Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a (Voting members at end of tax year), 1b (Independent voting members), 2 (Family/business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election/appointment power), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officers/directors/trustees/key employees).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 main columns: Question, Yes, No. Rows include: 10a (Local chapters/branches/affiliates), 10b (Written policies/procedures), 11a (Copy of Form 990 provided), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring/enforcement), 13 (Whistleblower policy), 14 (Document retention/destruction), 15a (CEO/Executive Director review), 15b (Other officers review), 16a (Joint venture investment), 16b (Written policy for joint ventures).

Section C. Disclosure

Table with 2 main columns: Question, Answer. Row 17: States with copy of Form 990 required (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). Row 18: Section 6104 availability (Own website, Another's website, Upon request, Other). Row 19: Disclosure of governing documents, conflict of interest, and financial statements. Row 20: Name, address, and telephone number of person with books and records (STEVE KUHN CFO E 11376 SHADY LANE ROAD BARABOO, WI 53913 (608) 356-9462).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BEILFUSS PRESIDENT & CEO, DIRECTOR	40.00	X		X			163,468	0	39,366	
(2) GEORGE ARCHIBALD CO-FOUNDER	40.00	X		X			76,456	0	13,087	
(3) ROBERTA ASHER CHAIR	3.00	X		X			0	0	0	
(4) STEVE EULLER VICE CHAIR	3.00	X		X			0	0	0	
(5) STEVEN BECKER TREASURER	3.00	X		X			0	0	0	
(6) BOB DOHMEN SECRETARY	3.00	X		X			0	0	0	
(7) BARRY ACKERS DIRECTOR	1.00	X					0	0	0	
(8) JILL ALLREAD DIRECTOR	1.00	X					0	0	0	
(9) GALSAN BATSUKH DIRECTOR	1.00	X					0	0	0	
(10) SUSAN CARNAHAN DIRECTOR	2.00	X					0	0	0	
(11) SUE CHIN DIRECTOR	2.00	X					0	0	0	
(12) CHRIS CORPUS DIRECTOR (FROM 6/21/2024)	1.00	X					0	0	0	
(13) LINDA DISANTIS DIRECTOR	2.00	X					0	0	0	
(14) STEPHEN GAST DIRECTOR	1.00	X					0	0	0	
(15) WILLIAM HAFFNER DIRECTOR (FROM 1/24/2025)	1.00	X					0	0	0	
(16) CAROLYN HENDRICKS DIRECTOR (FROM 1/24/2025)	1.00	X					0	0	0	
(17) ELEANOR HOAGLAND DIRECTOR	2.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) ANDREW HOLMAN DIRECTOR (FROM 1/24/2025)	1.00	X					0	0	0
(19) MIKE HORN DIRECTOR (UNTIL 8/29/2024)	2.00	X					0	0	0
(20) CHRIS HUNT DIRECTOR	1.00	X					0	0	0
(21) PAULA JOHN DIRECTOR (UNTIL 6/21/2024)	1.00	X					0	0	0
(22) ELIZABETH KEATING DIRECTOR (FROM 3/26/2025)	1.00	X					0	0	0
(23) GRAHAM KESSEL DIRECTOR (UNTIL 9/23/2024)	1.00	X					0	0	0
(24) HEIDI KIESLER DIRECTOR	2.00	X					0	0	0
(25) LARRY KUETER DIRECTOR	2.00	X					0	0	0
(26) TOM LEIDEN DIRECTOR	2.00	X					0	0	0
(27) MICAELA LEVINE DIRECTOR	1.00	X					0	0	0
(28) PAUL ROBBINS DIRECTOR (UNTIL 9/21/2024)	2.00	X					0	0	0
(29) JASON SAUEY DIRECTOR	1.00	X					0	0	0
(30) JENNIFER SPEERS DIRECTOR	2.00	X					0	0	0
(31) STEPH TAI DIRECTOR (FROM 9/21/2024)	1.00	X					0	0	0
(32) STEVE KUHN CFO	40.00			X			139,477	0	15,123
(33) KARI STAUFFER VICE PRESIDENT OF DEVELOPMENT	40.00			X			112,333	0	25,926
(34) TODD HOLMAN HUMAN RESOURCES DIRECTOR	40.00			X			102,288	0	21,762
(35) ANDY CAVEN VP - NORTH AMERICA PROGRAMS	40.00			X			97,480	0	15,070
(36) JODI LEGGE VP OF EXTERNAL AFFAIRS	40.00			X			90,045	0	13,239
(37) MAHENDRA SHRESTHA VP, ASIA PROGRAMS (FROM 3/4/2024)	40.00			X			92,300	0	0
(38) KEVIN DREES VP OF HQ OPS. (FROM 5/1/2024)	40.00			X			72,186	0	0
(39) CRAWFORD PRENTICE VP INT'L - ASIA (UNTIL 4/5/2024)	40.00			X			39,398	0	4,768
(40) KERRY MORRISON VP INTERNATIONAL - AFRICA	40.00			X			24,645	0	0
(41) DIANA BOON DIRECTOR OF CONSERVATION MEDICINE	40.00					X	109,927	0	12,537
(42) BRITTANY MULLINS REGIONAL ADVANCEMENT OFFICER	40.00					X	102,600	0	16,251
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						1,222,603	0	177,129	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BISCHOF CONSTRUCTION LLC PO BOX 93 NORTH FREEDOM, WI 53851	BUILDING REMODEL	509,542
FRIEDE AND ASSOCIATES LLC 500 UTILITY DRIVE REEDBURG, WI 53959	CONSTRUCTION OF OVERLOOK	150,334
FREE RANGE STUDIOS LLC 101 FEDERAL STREET SUITE 1900 BOSTON, MA 02110	MARKETING, COMMS AND DIGITAL STRATEGY	140,946
THYSSE PRINTING SERVICE 780 CUSICK PKWY OREGON, WI 53575	PRINTING SERVICES	109,668

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b	655,330	
c Fundraising events		1c	80,648	
d Related organizations		1d		
e Government grants (contributions)		1e	578,865	
f All other contributions, gifts, grants, and similar amounts not included above		1f	7,623,862	
g Noncash contributions included in lines 1a - 1f:\$		1g	409,621	
h Total. Add lines 1a-1f				8,938,705

Program Service Revenue		Business Code			
			(A)	(B)	
2a TOURS & ADMISSIONS		900099	154,590	154,590	
b HONORARIA		900099	8,112	8,112	
c SERVICE REVENUE		900099	5,047	5,047	
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.			167,749		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,799,864		1,799,864	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		4,745,443	1,256		
		b Less: cost or other basis and sales expenses	7b	4,494,916	5,292		
		c Gain or (loss)	7c	250,527	-4,036		
	d Net gain or (loss)			246,491		246,491	
	8a Gross income from fundraising events (not including \$ 80,648 of contributions reported on line 1c). See Part IV, line 18						
		8a		42,146			
b Less: direct expenses		8b	34,471				
c Net income or (loss) from fundraising events			7,675		7,675		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a		431,277				
	b Less: cost of goods sold	10b	238,485				
c Net income or (loss) from sales of inventory			192,792	192,792			

Other Revenue Misc Amt	11a MISCELLANEOUS	Business Code				
		900099	39,510			39,510
	b FX GAIN	900099	26,739			26,739
	c REIMBURSEMENTS	900099	404			404
	d All other revenue					
e Total. Add lines 11a-11d			66,653			
12 Total revenue. See instructions			11,419,929	360,541	0	2,120,683

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,978	61,978		
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.	3,333,978	3,333,978		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,196,651	588,911	332,420	275,320
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	4,010,757	3,023,092	442,020	545,645
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,874	62,488	6,294	9,092
9 Other employee benefits	513,195	387,821	60,520	64,854
10 Payroll taxes	371,970	260,596	53,966	57,408
11 Fees for services (non-employees):				
a Management				
b Legal	24,817	22,841	1,976	
c Accounting	59,171	54,460	4,711	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,353,618	1,245,858	107,760	
12 Advertising and promotion	588,746	422,669	2,350	163,727
13 Office expenses	404,657	271,632	50,278	82,747
14 Information technology	236,484	195,510	23,266	17,708
15 Royalties				
16 Occupancy	84,411	81,326	3,085	
17 Travel	963,341	818,970	88,650	55,721
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,123,130	1,088,476	26,412	8,242
23 Insurance	126,022	121,416	4,606	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FIELD SUPPLIES	188,262	188,195		67
b MAINTENANCE & REPAIRS	155,856	102,959	19,230	33,667
c OP. SUPP.- CRANE CARE	75,002	74,975		27
d FIELD SERVICES	60,540	60,518		22
e All other expenses	157,924	120,701	15,753	21,470
25 Total functional expenses. Add lines 1 through 24e	15,168,384	12,589,370	1,243,297	1,335,717
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,540	1	1,540
	2 Savings and temporary cash investments	8,081,435	2	7,112,425
	3 Pledges and grants receivable, net	5,674,046	3	4,105,823
	4 Accounts receivable, net	90,394	4	185,181
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	96,131	8	130,006
	9 Prepaid expenses and deferred charges	178,400	9	172,803
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,077,641		
	b Less: accumulated depreciation	10b 11,340,301	12,039,987	10c 11,737,340
	11 Investments—publicly traded securities	39,074,861	11	39,776,453
	12 Investments—other securities. See Part IV, line 11	200,000	12	200,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,339,193	15	599,981
16 Total assets: Add lines 1 through 15 (must equal line 33)	66,775,987	16	64,021,552	
Liabilities	17 Accounts payable and accrued expenses	521,379	17	563,740
	18 Grants payable		18	
	19 Deferred revenue	118,522	19	336
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	66,907	25	273,487
	26 Total liabilities. Add lines 17 through 25	706,808	26	837,563
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,539,011	27	44,228,473
	28 Net assets with donor restrictions	22,530,168	28	18,955,516
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	66,069,179	32	63,183,989
33 Total liabilities and net assets/fund balances	66,775,987	33	64,021,552	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,419,929
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,168,384
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,748,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,069,179
5	Net unrealized gains (losses) on investments	5	863,276
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-11
9	Other changes in net assets or fund balances (explain in 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 (A))	10	63,183,989

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.**

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number
39-1187711

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	8,150,020	9,742,550	8,245,887	14,721,199	8,938,705	49,798,361
2 Tax revenues levied for the organization'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	8,150,020	9,742,550	8,245,887	14,721,199	8,938,705	49,798,361
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) . . .						5,453,928
6 Public support. Subtract line 5 from line 4.						44,344,433

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	8,150,020	9,742,550	8,245,887	14,721,199	8,938,705	49,798,361
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	454,507	499,983	822,458	1,355,550	1,799,864	4,932,362
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,384	-6,352	305,033	59,380	66,653	451,098
11 Total support. Add lines 7 through 10						55,181,821
12 Gross receipts from related activities, etc. (see instructions)					12	2,624,625

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	80.360 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	74.470 %

- 16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 (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).		

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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government 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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| 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 | | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | | |
|----------|------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

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

Name of the organization INTERNATIONAL CRANE FOUNDATION INC	Employer identification number 39-1187711
----------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number
39-1187711

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

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
-	_____ _____ _____	_____ \$	_____

Name of organization
INTERNATIONAL CRANE FOUNDATION INCEmployer identification number
39-1187711

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	80.00
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 1.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 0

(ii) Assets included in Form 990, Part X ▶ \$ 0

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 79.410 %
b Permanent endowment 9.186 %
c Term endowment 11.402 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING LEASE LIABILITY	192,051
FINANCE LEASE LIABILITY	81,436
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 273,487

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,332,721
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	863,276	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	49,516	
e	Add lines 2a through 2d			2e 912,792
3	Subtract line 2e from line 1			3 11,419,929
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 11,419,929

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,255,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	946,545	
e	Add lines 2a through 2d			2e 946,545
3	Subtract line 2e from line 1			3 14,309,441
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	858,943	
c	Add lines 4a and 4b			4c 858,943
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 15,168,384

Part XIII**Supplemental Information**

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

Return Reference	Explanation
PART II, LINE 9:	THE VALUE OF THE CONSERVATION EASEMENT IS NOT REFLECTED IN THE FOUNDATION'S FINANCIAL STATEMENTS.
PART III, LINE 4:	ICF INSTALLED A CRANE SCULPTURE OUTSIDE ONE OF ITS BUILDINGS IN FY25.
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 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 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 34,471. THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST EVENT REVENUE ON FORM 990, PART VIII, LINE 8B. REVENUE FROM ICF ZAMBIA, INCLUDED IN THE CONSOLIDATED 15,045. AUDIT REPORT, BUT EXCLUDED FROM ICF, INC. FORM 990 REPORTING.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE IN 34,471. THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST EVENT REVENUE ON FORM 990, PART VIII, LINE 8B. EXPENSES FROM ICF ZAMBIA, INCLUDED IN THE CONSOLIDATED 912,074. AUDIT REPORT, BUT EXCLUDED FROM ICF, INC. FORM 990 REPORTING.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ELIMINATION - GRANT FROM ICF, INC. TO ICF ZAMBIA 858,943.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" to 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.**

**Open to Public
Inspection**

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	0	GRANTS AND OTHER ASSISTANCE TO RECIPIENTS IN THE REGION		1,113,365
(2) SUB-SAHARAN AFRICA	0	0	GRANTS AND OTHER ASSISTANCE TO RECIPIENTS IN THE REGION		2,098,437
(3) SOUTH ASIA	0	0	GRANTS AND OTHER ASSISTANCE TO RECIPIENTS IN THE REGION		99,153
(4) EUROPE	0	0	GRANTS AND OTHER ASSISTANCE TO RECIPIENTS IN THE REGION		18,023
(5) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS AND OTHER ASSISTANCE TO RECIPIENTS IN THE REGION		5,000
(6) EAST ASIA AND THE PACIFIC	2	9	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	1,110,276
(7) SUB-SAHARAN AFRICA	3	20	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	1,411,615
(8) RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICE ACTIVITIES	CRANE CONSERVATION	13,299
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	5	30			5,869,168
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	5	30			5,869,168

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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	11,237	WIRE TRANSFERS	0		
(2)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	54,392	WIRE TRANSFERS	0		
(3)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	22,000	WIRE TRANSFERS	0		
(4)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	8,390	WIRE TRANSFERS	0		
(5)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	135,128	WIRE TRANSFERS	0		
(6)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	14,269	WIRE TRANSFERS	0		
(7)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	20,839	WIRE TRANSFERS	0		
(8)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	80,329	WIRE TRANSFERS	0		
(9)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	667,330	WIRE TRANSFERS	0		
(10)			EAST ASIA AND THE PACIFIC	CRANE PRESERVATION	11,514	WIRE TRANSFERS	0		
(11)			SOUTH ASIA	CRANE PRESERVATION	39,627	WIRE TRANSFERS	0		
(12)			SOUTH ASIA	CRANE PRESERVATION	20,000	WIRE TRANSFERS	0		
(13)			SOUTH ASIA	CRANE PRESERVATION	17,012	WIRE TRANSFERS	0		
(14)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	22,000	WIRE TRANSFERS	0		
(15)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	498,024	WIRE TRANSFERS	0		
(16)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	467,096	WIRE TRANSFERS	0		
(17)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	202,122	WIRE TRANSFERS	0		
(18)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	8,719	WIRE TRANSFERS	0		
(19)			SUB-SAHARAN AFRICA	CRANE PRESERVATION	10,000	WIRE TRANSFERS	0		
(20)			SUB-SAHARAN AFRICA	ASSISTANCE TO ICF ZAMBIA	858,943	WIRE TRANSFERS	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 18

3 Enter total number of other organizations or entities 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CRANE PRESERVATION	EAST ASIA AND THE PACIFIC	5	79,377	WIRE TRANSFERS			
(2) CRANE PRESERVATION	SUB-SAHARAN AFRICA	3	19,015	WIRE TRANSFERS			
(3) CRANE PRESERVATION	SOUTH ASIA	2	20,514	WIRE TRANSFERS			
(4) CRANE PRESERVATION	EUROPE	1	18,023	WIRE TRANSFERS			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 Instructions for Form 926)* 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes 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 Instructions for Form 8621)* Yes 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 Instructions for Form 8865)* Yes 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 Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number
39-1187711

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EVENING WITH THE CRANES (event type)	CRANE FEST (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	102,960	19,834		122,794
2	Less: Contributions	79,420	1,228		80,648
3	Gross income (line 1 minus line 2)	23,540	18,606		42,146
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,215			1,215
	6 Rent/facility costs	959	2,201		3,160
	7 Food and beverages	14,723			14,723
	8 Entertainment				
	9 Other direct expenses	2,682	12,691		15,373
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				34,471
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				7,675

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number
39-1187711

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKLAHOMA CONSERVATION COMMISSION 2800 N LINCOLN BLVD SUITE 200 OKLAHOMA CITY, OK 73105	73-6017987	501(C)(3)	30,000	0			CRANE CONSERVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:
Software Version:

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number
39-1187711

Part I Questions Regarding Compensation

- 1a** Check the appropriate 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.
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD BEILFUSS PRESIDENT & CEO, DIRECTOR	(i)	163,468	0	0	5,311	34,055	202,834	0
	(ii)	0	0	0	0	0	0	0
2 STEVE KUHN CFO	(i)	139,477	0	0	4,227	10,896	154,600	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

- ▶ **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 the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,037	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		400	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	429,173	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 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				
25 Other (FOOD & BEV)	X	3	3,279	FMV
26 Other (POSTCARD)	X	1	447	FMV
27 Other (WHEELCHAIR)	X	1	285	FMV
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
----	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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. FORM 990, PART VIII, LINE 1G REPORTS \$409,621 OF NON-CASH DONATIONS. SCHEDULE M, PART I REPORTS \$434,621. THE \$25,000 DIFFERENCE IS A RESULT OF A PRIOR YEAR PLEDGE THAT, UNDER ACCRUAL ACCOUNTING, WAS INCLUDED IN INCOME IN FY24, BUT NOT PAID DURING FY24. WHEN THIS PLEDGE WAS PAID IN FY25, THE DONOR FULFILLED THE OBLIGATION WITH STOCK.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O**(Form 990)**

(Rev. January 2025)
 Department of the Treasury
 Internal Revenue Service

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 990-EZ.**

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

OMB No. 1545-0047

**Open to Public
 Inspection**

Name of the organization
 INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

Return Reference	Explanation
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 DIRECTORS. UPON SATISFACTORY REVIEW WITH CORPORATION MANAGEMENT AND THE AUDIT COMMITTEE, THE FORM IS SHARED WITH FULL BOARD OF DIRECTORS FOR REVIEW 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 MAKE A DETERMINATION OF WHETHER A CONFLICT EXISTS AND HOW TO HANDLE THE CONFLICT. DIRECTORS WITH A CONFLICT OF INTEREST DO NOT AUTHORIZE, APPROVE OR RATIFY ANY TRANSACTIONS IN QUESTION. EACH NON-KEY EMPLOYEE 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 REVIEW RESULTING IN A PROPOSED ADJUSTMENT THAT WAS APPROVED BY THE INDEPENDENT MEMBERS OF THE BOARD IN MARCH 2025 AS PART OF THE FISCAL YEAR 2025 BUDGET APPROVAL PROCESS. THE PROCESS WAS AGREED UPON AND DOCUMENTED IN THE ORGANIZATION'S BOARD MINUTES.
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.

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
INTERNATIONAL CRANE FOUNDATION INC

Employer identification number

39-1187711

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL CRANE FOUNDATION ZAMBIA PLOT NO 45 JOSEPH MWILWA ROAD RHODES PARK LUSAKA ZA	CRANE CONSERVATION	ZA	501(C)(3)		ICF		No

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)INTERNATIONAL CRANE FOUNDATION ZAMBIA	B	858,943	INTRACOMPANY TRANSFER

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

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