

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C INTERNATIONAL COMMUNITY FOUNDATION
2505 N AVENUE
NATIONAL CITY, CA 91950
D Employer identification number 33-0457858
E Telephone number (619) 592-8008
G Gross receipts \$ 22,868,497.

F Name and address of principal officer: SAME AS C ABOVE
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

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

J Website: WWW.ICFDN.ORG
H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other
L Year of formation: 1990
M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ICF WORKS ACROSS BORDERS TO CONNECT PEOPLE, IDEAS, AND INVESTMENTS IN THE TRANSFORMATIVE POWER OF COMMUNITY.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 11
4 Number of independent voting members of the governing body (Part VI, line 1b) 11
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 18
6 Total number of volunteers (estimate if necessary) 15
7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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 MARISA AURORA QUIROZ, Date, Title PRESIDENT & CEO

Paid Preparer Use Only: Preparer's name CHRISTOPHER M. ROBERTS, Signature CHRISTOPHER M. ROBERTS, Date, Check self-employed, PTIN P00235008, Firm's name WEST RHODE & ROBERTS, Firm's address 2741 4TH AVE, SAN DIEGO, CA 92103, Firm's EIN 33-0783983, Phone no. 619-615-5380

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

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:

ICF WORKS ACROSS BORDERS TO CONNECT PEOPLE, IDEAS, AND INVESTMENTS IN THE TRANSFORMATIVE POWER OF COMMUNITY.

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 \$ 21,488,856. including grants of \$ 18,199,051.) (Revenue \$ 4,228.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 297,853. including grants of \$ 282,853.) (Revenue \$)

ICF PROVIDED OPERATIONAL AND PROGRAMMATIC SUPPORT TO OLIVEWOOD GARDENS & LEARNING CENTER INC (PREVIOUSLY NAMED THE ICF CENTER FOR CROSS-BORDER PHILANTHROPY), THE INTERNATIONAL COMMUNITY FOUNDATION'S TYPE 1 SUPPORTING ORGANIZATION. OLIVEWOOD EMPOWERS STUDENTS AND FAMILIES TO BE HEALTHY AND ACTIVE CITIZENS THROUGH ORGANIC GARDENING, ENVIRONMENTAL STEWARDSHIP, AND NUTRITION EDUCATION.

4c (Code:) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$) including grants of \$) (Revenue \$)

4e Total program service expenses 21,786,709.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (SEE SCHEDULE O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ELIZABETH CORROW 2505 N AVENUE NATIONAL CITY CA 91950 619-592-8008

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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			
(1) MARISA AURORA QUIROZ PRESIDENT & CEO	40 0			X			215,652.	0.	24,144.
(2) ELIZABETH CORROW DIR OF FINANCE	24 0				X		156,716.	0.	14,276.
(3) LETICIA MARTINEZ HERMOSILLO VP PHILANTHROPY	40 0			X			141,071.	0.	14,395.
(4) EMILY YOUNG, PHD BOARD MEMBER	1 0	X					0.	0.	0.
(5) DEBRA THOMAS TREASURER	1 0	X		X			0.	0.	0.
(6) MIGUEL AGUIRRE BOARD MEMBER	1 0	X					0.	0.	0.
(7) ELSA ROTH CHAIR	1 0	X		X			0.	0.	0.
(8) DONNA MANNING BOARD MEMBER	1 0	X					0.	0.	0.
(9) SUE SAARNIO BOARD MEMBER	1 0	X					0.	0.	0.
(10) GUSTAVO A. DE LA FUENTE IMM. PAST CHAIR	1 0	X		X			0.	0.	0.
(11) ALEJANDRA MIER Y TERAN BOARD MEMBER	1 0	X					0.	0.	0.
(12) ENRIQUE PERRET BOARD MEMBER	1 0	X					0.	0.	0.
(13) RUFFO IBARRA BOARD MEMBER	1 0	X					0.	0.	0.
(14) CECILIA PURON BROWN BOARD MEMBER	1 0	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	Former			
(15) MONICA MA BOARD MEMBER	1 0	X					0.	0.	0.	
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	513,439.	0.	52,815.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	513,439.	0.	52,815.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
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>	4	X
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>	5	X

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
CAROLINE GONZALES 73 ST MARKS PLACE NEW YORK, NY 10003	GEO. & SUBJECT-MATTER EX	104,167.

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 **1**

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 Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	764,888.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,064,233.				
	g Noncash contributions included in lines 1a-1f	1g	123,148.				
	h Total. Add lines 1a-1f		20,829,121.				
	Program Service Revenue	2a Business Code					
b -----							
c -----							
d -----							
e -----							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,213,734.			1,213,734.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b 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		724,014.			
		(ii) Other					
		7b Less: cost or other basis and sales expenses	7b	543,426.			
	c Gain or (loss)	7c	180,588.				
	d Net gain or (loss)		180,588.			180,588.	
	8a Gross income from fundraising events (not including \$ 764,888. of contributions reported on line 1c). See Part IV, line 18						
		8a		97,400.			
b Less: direct expenses		8b	184,810.				
c Net income or (loss) from fundraising events		-87,410.					
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						
	b Less: cost of goods sold. ...	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER INCOME		900099	4,228.	4,228.		
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d			4,228.			
12 Total revenue. See instructions			22,140,261.	4,228.	0.	1,394,322.	

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	3,437,937.	3,437,937.		
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	15,043,967.	15,043,967.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	595,695.	67,811.	221,370.	306,514.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,043,243.	592,087.	360,419.	90,737.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,731.	12,901.	7,853.	1,977.
9 Other employee benefits	163,576.	92,837.	56,512.	14,227.
10 Payroll taxes	123,000.	49,525.	43,662.	29,813.
11 Fees for services (nonemployees):				
a Management				
b Legal	56,919.	1,544.	55,375.	
c Accounting	34,000.		34,000.	
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.)	211,697.	81,682.	66,058.	63,957.
12 Advertising and promotion	6,904.			6,904.
13 Office expenses	2,012.		1,455.	557.
14 Information technology	92,925.	8,765.	65,954.	18,206.
15 Royalties				
16 Occupancy				
17 Travel	83,114.	41,557.	8,311.	33,246.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,938.	675.	13,771.	1,492.
20 Interest	53,089.		53,089.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,906.		19,906.	
23 Insurance	36,941.		36,941.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>CHARITABLE EXPENSE</u>	2,329,258.	2,329,258.		
b <u>BANK FEES</u>	100,322.		100,322.	
c <u>NETWORKING</u>	24,586.	11,142.	168.	13,276.
d <u>STAFF DEVELOPMENT</u>	24,205.	959.	20,999.	2,247.
e All other expenses	48,294.	14,062.	24,264.	9,968.
25 Total functional expenses. Add lines 1 through 24e	23,570,259.	21,786,709.	1,190,429.	593,121.
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 X.

		(A) Beginning of year		(B) End of year
Assets	1	Cash – non-interest-bearing		1
	2	Savings and temporary cash investments	2,708,919.	2 277,400.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	374,714.	4 441,197.
	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		8
	9	Prepaid expenses and deferred charges	385,246.	9 110,059.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 75,865.	
	b	Less: accumulated depreciation	10b 41,676.	10c 34,189.
	11	Investments – publicly traded securities	14,730,200.	11 21,912,599.
	12	Investments – other securities. See Part IV, line 11	20,709,083.	12 16,210,057.
	13	Investments – program-related. See Part IV, line 11	96,976.	13 96,976.
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 33)	39,051,493.	16 39,082,477.	
Liabilities	17	Accounts payable and accrued expenses	292,773.	17 358,251.
	18	Grants payable	1,803,623.	18 1,896,480.
	19	Deferred revenue		19
	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	1,971,281.	25 1,926,407.
	26	Total liabilities. Add lines 17 through 25	4,067,677.	26 4,181,138.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27	Net assets without donor restrictions	16,858,828.	27 14,549,672.
	28	Net assets with donor restrictions	18,124,988.	28 20,351,667.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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.	34,983,816.	32 34,901,339.
33	Total liabilities and net assets/fund balances.	39,051,493.	33 39,082,477.	

Part XI Reconciliation of Net Assets

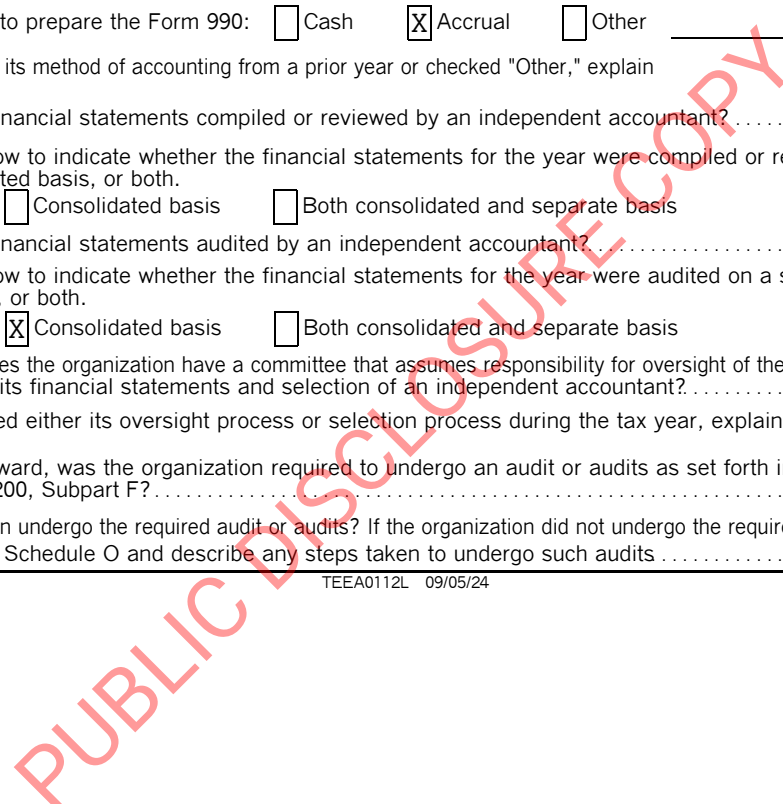
Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,140,261.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,570,259.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,429,998.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,983,816.
5	Net unrealized gains (losses) on investments	5	1,347,521.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,901,339.

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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails 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 grants.")	12801731.	18971726.	20113407.	21126617.	20829121.	93,842,602.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	12801731.	18971726.	20113407.	21126617.	20829121.	93,842,602.
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)						20,462,644.
6 Public support. Subtract line 5 from line 4						73,379,958.

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	12801731.	18971726.	20113407.	21126617.	20829121.	93,842,602.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	297,025.	394,083.	681,059.	1,118,948.	1,213,734.	3,704,849.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	1,500.	855.	12,900.	17,840.	4,228.	37,323.
11 Total support. Add lines 7 through 10						97,584,774.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	75.20 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.35 %

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 under section 513; 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; 7c Add lines 7a and 7b; 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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

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. The organization qualifies as a publicly supported organization.

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. The organization qualifies as a publicly supported organization.

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
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>	2b		
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>	3a		
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>	3b		

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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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 3e		
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. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result 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		

BAA

Schedule A (Form 990) 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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
OTHER INCOME	\$ 4,228.	\$ 17,840.	\$ 12,900.	\$ 855.	\$ 1,500.
TOTAL	<u>\$ 4,228.</u>	<u>\$ 17,840.</u>	<u>\$ 12,900.</u>	<u>\$ 855.</u>	<u>\$ 1,500.</u>

PUBLIC DISCLOSURE COPY

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

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
1		\$ 1,135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 597,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,803,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 639,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

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
7	----- ----- -----	\$ 820,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 975,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 598,809.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

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

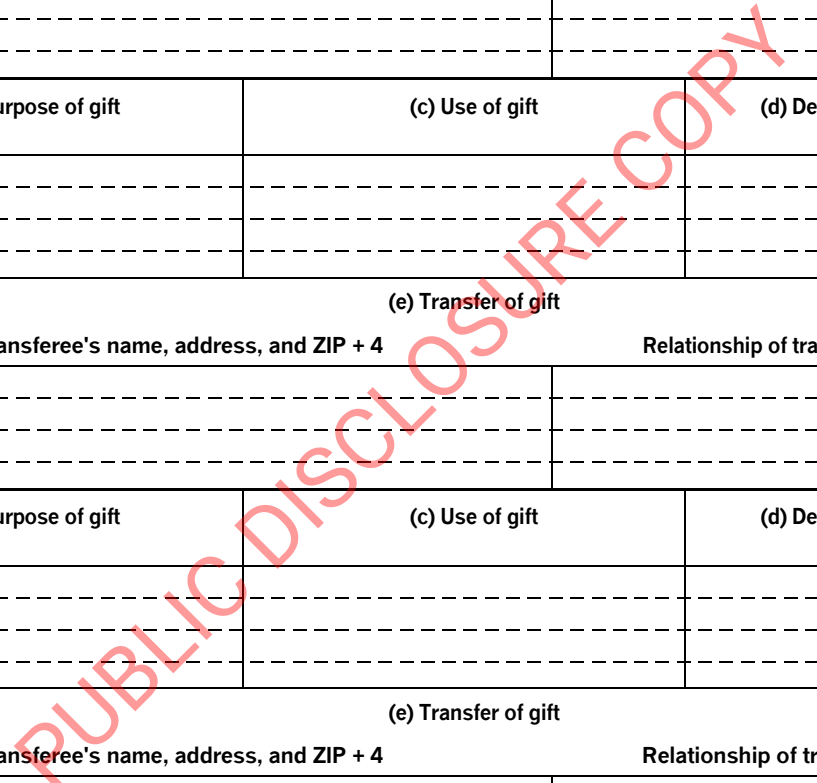
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A		
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----
-----	-----	\$-----	-----

PUBLIC DISCLOSURE COPY

Name of organization **INTERNATIONAL COMMUNITY FOUNDATION** Employer identification number **33-0457858**

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.)..... \$ N/A
 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
	N/A		
(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	



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate value of contributions, grants, and end of year values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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.
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.

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 make 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 program
- 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.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,560,532.	9,740,238.	9,181,204.	10,867,996.	9,115,416.
b Contributions	35,000.	25,166.	25,000.	140,100.	37,703.
c Net investment earnings, gains, and losses	1,302,099.	1,142,329.	876,484.	-1,422,643.	2,023,336.
d Grants or scholarships	301,095.	346,788.	342,389.	348,005.	292,478.
e Other expenditures for facilities and programs		413.	61.	56,244.	15,981.
f Administrative expenses					
g End of year balance	11,596,536.	10,560,532.	9,740,238.	9,181,204.	10,867,996.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 64.60 %
- c Term endowment 35.40 %

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:

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 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. SEE PART XIII

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,056.	9,479.	1,577.
d Equipment		64,809.	32,197.	32,612.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 34,189.

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 <u>MUTUAL FUNDS</u>	16,210,057.	END OF YEAR MARKET VALUE
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))	16,210,057.	

Part VIII Investments – Program Related

N/A

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, line 13, column (B))		

Part IX Other Assets

N/A

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, line 15, column (B))	

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	
(2) EID LOAN	1,926,407.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	1,926,407.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

1	Total expenses and losses per audited financial statements		1	
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		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS TO SUPPORT ICF AND ITS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY.

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE**

ICF IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701 (D) OF THE STATE REVENUE AND TAXATION CODE. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION (ASC) NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

PUBLIC DISCLOSURE COPY

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

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

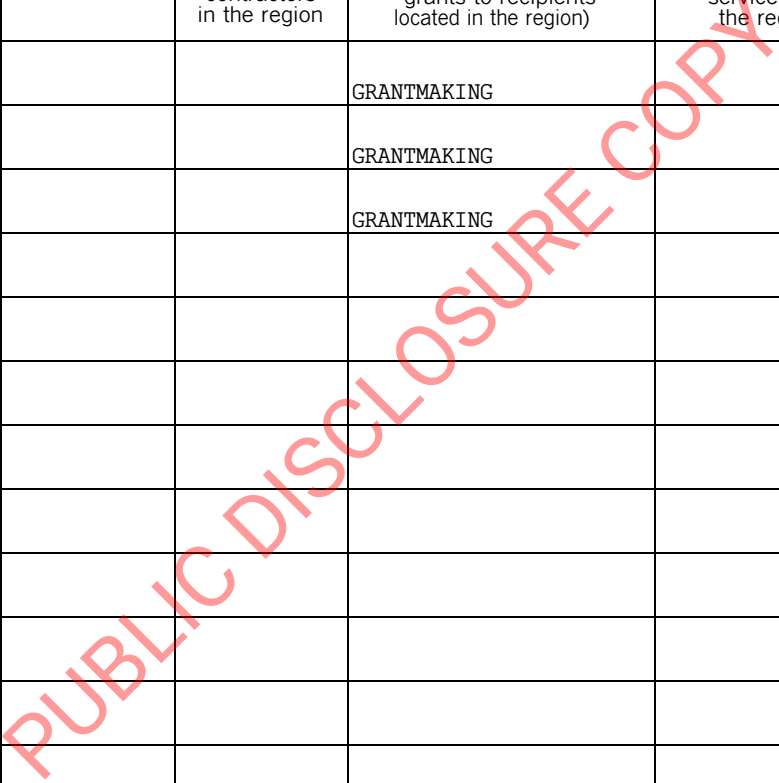
Open to Public Inspection

Name of the organization: **INTERNATIONAL COMMUNITY FOUNDATION**
Employer identification number: **33-0457858**

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 and other 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. **PART V**
- 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 the 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) NORTH AMERICA			GRANTMAKING		12,127,705.
(2) CENTRAL AMERICA			GRANTMAKING		2,354,824.
(3) SOUTH AMERICA			GRANTMAKING		561,438.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					15,043,967.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) . . .	0	0			15,043,967.



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)
			ARGENTINA	CHARITABLE PURPOSES	161,015.	CHECK/WIRE			
			ARGENTINA	CHARITABLE PURPOSES	55,381.	CHECK/WIRE			
			BELIZE	CHARITABLE PURPOSES	201,357.	CHECK/WIRE			
			BELIZE	CHARITABLE PURPOSES	268,000.	CHECK/WIRE			
			BELIZE	CHARITABLE PURPOSES	70,000.	CHECK/WIRE			
			BELIZE	CHARITABLE PURPOSES	90,696.	CHECK/WIRE			
			BOLIVIA	CHARITABLE PURPOSES	22,552.	CHECK/WIRE			
			CHILE	CHARITABLE PURPOSES	105,000.	CHECK/WIRE			
			CHILE	CHARITABLE PURPOSES	44,512.	CHECK/WIRE			
			CHILE	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
			CHILE	CHARITABLE PURPOSES	60,000.	CHECK/WIRE			
			CHILE	CHARITABLE PURPOSES	61,000.	CHECK/WIRE			
			COSTA RICA	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			COSTA RICA	CHARITABLE PURPOSES	303,905.	CHECK/WIRE			
			ECUADOR	CHARITABLE PURPOSES	1,977.	CHECK/WIRE			
			EL SALVADOR	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 177

3 Enter total number of other organizations or entities 0

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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

PUBLIC DISCLOSURE COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990).* Yes 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990).* Yes No

PUBLIC DISCLOSURE COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

1. STAFF IDENTIFY NEED FOR FUNDING, OR WE RECEIVE A GRANT RECOMMENDATION FROM A FUND ADVISOR.

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUEST FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) (3) OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY-LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

-A BRIEF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION, OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS, AND RISK ASSESSMENT EVALUATED

3. IN ADDITION TO BACKGROUND INFORMATION, FOR EACH NEW GRANT, WE REQUEST A PROPOSAL AND BUDGET FOR EACH SPECIFIC PROJECT FROM THE GRANTEE.

4. GRANT RECOMMENDATION IS SUBMITTED TO INTERNATIONAL COMMUNITY FOUNDATION GRANT MANAGER (UP TO \$100,000) OR BOARD OF DIRECTORS (OVER \$100,000) FOR APPROVAL. GRANTS APPROVED BY MANAGER ARE REPORTED TO THE BOARD OF DIRECTORS QUARTERLY.

5. UPON APPROVAL, ICF ISSUES AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US (CONTINUED)

6. THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

7. A WIRE TRANSFER (OR CHECK) IS SENT TO THE RECIPIENT ORGANIZATION.

8. FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE GRANTEE.

9. ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

10. GRANTEE SUBMITS A COMPLETE REPORT FOR FUNDING RECEIVED 6 MONTHS TO A YEAR AFTER THE FUNDING WAS AWARDED (NARRATIVE AND FINANCIAL).

11. SITE VISITS ARE DONE ON AN AD HOC BASIS.

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		EL SALVADOR	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		EL SALVADOR	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		EL SALVADOR	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		EL SALVADOR	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	115,346.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	29,727.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	30,000.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	30,000.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	30,000.	CHECK/WIRE			
		GUATEMALA	CHARITABLE PURPOSES	34,462.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	118,000.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	118,000.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	52,000.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	59,000.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		HONDURAS	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
		JAMAICA	CHARITABLE PURPOSES	39,331.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	1,250.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	1,500.	CHECK/WIRE			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	10,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	100,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	100,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	100,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	1,000,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	106,226.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	11,338.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	113,500.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	11,500.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	119,779.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	12,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	124,900.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	12,500.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	125,170.	CHECK/WIRE			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	12,529.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	129,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	13,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	13,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	13,300.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	14,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	14,225.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	14,613.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	15,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	15,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	15,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	150,365.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	15,390.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	156,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	16,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	175,020.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	175,692.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	18,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	188,000.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	195,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	196,538.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	2,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	2,542.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	205,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	20,825.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	21,232.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	22,614.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	227,250.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	23,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	23,500.	CHECK/WIRE			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	244.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	25,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	25,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	250,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	25,300.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	256,450.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	260,326.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	26,276.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	274,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	29,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	29,540.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	3,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	3,612.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	30,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	30,990.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	33,245.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	335,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	346,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	35,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	365,326.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	369,400.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	37,600.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	39,277.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	4,328.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	4,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	40,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	40,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	40,500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	41,745.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	43,467.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	46,329.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	47,496.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	47,500.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	48,111.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	5,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	5,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	5,253.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	500.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	50,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	500,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	51,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	52,933.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	54,100.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	55,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	550,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	56,962.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	6,000.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
			MEXICO	CHARITABLE PURPOSES	6,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	6,750.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	6,909.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	63,500.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	65,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	66,900.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	67,452.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	7,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	7,122.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	70,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	71,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	71,803.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	73,000.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	73,096.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	73,309.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	75,782.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	75,803.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	79,100.	CHECK/WIRE			
			MEXICO	CHARITABLE PURPOSES	795,791.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		MEXICO	CHARITABLE PURPOSES	79,797.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	8,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	8,460.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	80,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	9,000.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	9,204.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	9,720.	CHECK/WIRE			
		MEXICO	CHARITABLE PURPOSES	902,600.	CHECK/WIRE			
		PANAMA	CHARITABLE PURPOSES	300,000.	CHECK/WIRE			

PUBLIC DISCLOSURE COPY

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 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 COMMUNITY FOUNDATION

Employer identification number

33-0457858

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

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						0.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SOIREE (event type)	MUSEO TAMAYO (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	453,667.	217,799.	185,922.	857,388.
	2	Less: Contributions	400,417.	199,649.	161,322.	761,388.
	3	Gross income (line 1 minus line 2)	53,250.	18,150.	24,600.	96,000.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	137,680.	9,757.	37,096.	184,533.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				184,533.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-88,533.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add col. (a) through col. (c))
Revenue	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: _____

10 a 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 the name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

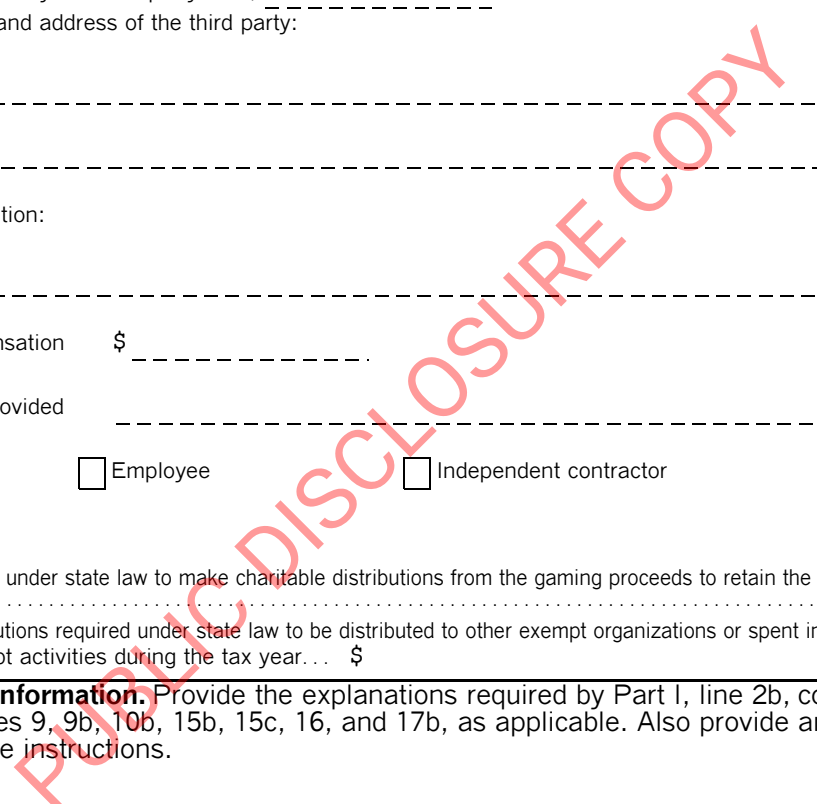
- Director/officer
- Employee
- Independent contractor

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 to be 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.



**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 COMMUNITY FOUNDATION

Employer identification number

33-0457858

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. **SEE PART IV**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AL OTRO LADO INC 1625 W OLYMPIC BLVD, STE 718 LOS ANGELES, CA 90015	81-3354397	501 (C) (3)	20,000.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(2) BAJA COASTAL INSTITUTE 1705 STUART STREET BERKELEY, CA 94703	45-2134066	501 (C) (3)	17,543.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(3) CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 64131	44-6005794	501 (C) (3)	15,000.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(4) ECOLOGY PROJECT INTERNATIONAL 315 S 4TH ST E MISSOULA, MT 59801	91-2163952	501 (C) (3)	15,742.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(5) ENVIRONMENTAL GRANTMAKERS EGA 475 RIVERSIDE DR, SUITE 960 NEW YORK, NY 10115	20-8817646	501 (C) (3)	12,568.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(6) FAITH IN PRACTICE 7500 BEECHNUT ST STE 208 HOUSTON, TX 77074	76-0415986	501 (C) (3)	30,000.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(7) IMMIGRANT DEFENDERS LAW 634 S SPRING ST, 10TH FLOOR LOS ANGELES, CA 90014	47-5568051	501 (C) (3)	221,642.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE
(8) MERIDIAN INSTITUTE PO BOX 1829, 105 VILLAGE PLCE DILLON, CO 80435	84-1435420	501 (C) (3)	40,000.	0.	FAIR MARKET VALUE		CHARITABLE PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **47**

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

1. STAFF IDENTIFY NEED FOR FUNDING, OR WE RECEIVE A GRANT RECOMMENDATION FROM A FUND ADVISOR.

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUEST FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) (3) OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY-LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

5/06/26

10:47AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

-A BRIEF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION, OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS, AND RISK ASSESSMENT EVALUATED

3. IN ADDITION TO BACKGROUND INFORMATION, FOR EACH NEW GRANT, WE REQUEST A PROPOSAL AND BUDGET FOR EACH SPECIFIC PROJECT FROM THE GRANTEE.

4. GRANT RECOMMENDATION IS SUBMITTED TO INTERNATIONAL COMMUNITY FOUNDATION GRANT MANAGER (UP TO \$100,000) OR BOARD OF DIRECTORS (OVER \$100,000) FOR APPROVAL. GRANTS APPROVED BY MANAGER ARE REPORTED TO THE BOARD OF DIRECTORS QUARTERLY.

5. UPON APPROVAL, ICF ISSUES AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

6. THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

7. A WIRE TRANSFER (OR CHECK) IS SENT TO THE RECIPIENT ORGANIZATION.

8. FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE GRANTEE.

9. ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

10. GRANTEE SUBMITS A COMPLETE REPORT FOR FUNDING RECEIVED 6 MONTHS TO A YEAR AFTER THE FUNDING WAS AWARDED (NARRATIVE AND FINANCIAL) .

11. SITE VISITS ARE DONE ON AN AD HOC BASIS.

PUBLIC DISCLOSURE COPY

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
REFUGEE HEALTH ALLIANCE 8861 VILLA LA JOLLA DR #12062 LA JOLLA, CA 92037	84-2743072	501 (C) (3)	33,500.		FAIR MARKET VALUE		CHARITABLE PURPOSE
SCRIPPS INST OF OCEANOGRAPHY 9500 GILMAN DRIVE MC 0210 LA JOLLA, CA 92093	95-2872494	501 (C) (3)	93,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
SONORAN INSTITUTE 5049 E BROADWAY BLVD STE 127 TUSCON, AZ 85711	86-0684610	501 (C) (3)	16,287.		FAIR MARKET VALUE		CHARITABLE PURPOSE
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW #7 WASHINGTON, DC 20001	27-3521132	501 (C) (3)	50,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
YES WE CAN WORLD FOUNDATION 911 E FAIRMOUNT RD BURBANK, CA 91501	83-3753567	501 (C) (3)	30,650.		FAIR MARKET VALUE		CHARITABLE PURPOSE
BERRY GOOD FOOD FOUNDATION 10531 4S COMMONS DR, STE 146 SAN DIEGO, CA 92127	47-4091420	501 (C) (3)	6,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	23-7304205	501 (C) (3)	25,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
CA POLICY RESEARCH CENTER -UC 1111 FRANKLIN ST OAKLAND, CA 94607	94-3067788	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
CA RESTAURANT ASSOCIATION EDU 621 CAPITOL MALL, SUITE 2000 SACRAMENTO, CA 95814	95-3676330	501 (C) (3)	35,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
CAPITAL & MAIN 1910 W SUNSET BLVD, STE 740 LOS ANGELES, CA 90026	81-0895767	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE



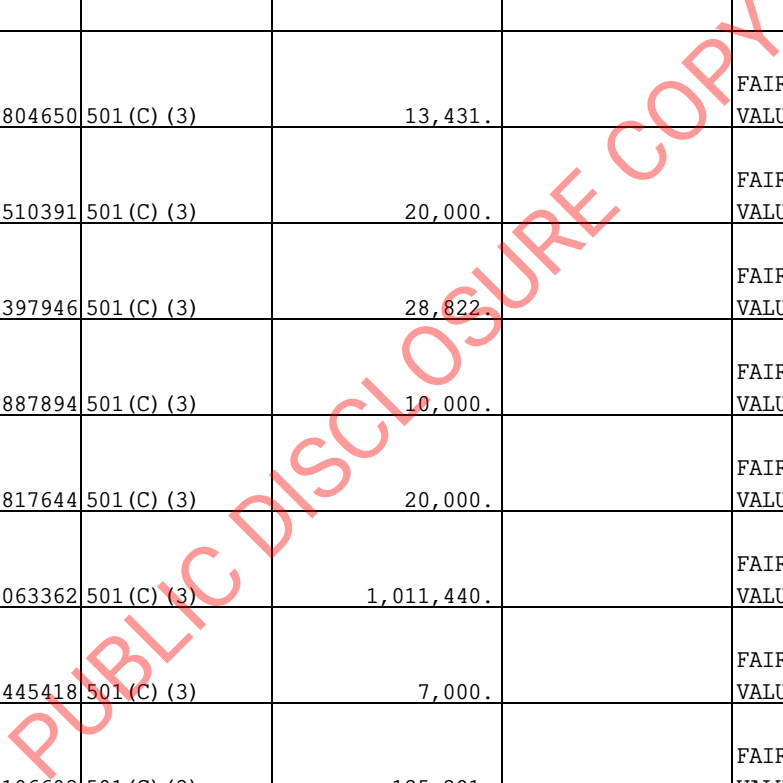
Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC LEGAL SERVICES 28 W FLAGLER ST, SUITE 1001 MIAMI, FL 33130	65-0804650	501 (C) (3)	13,431.		FAIR MARKET VALUE		CHARITABLE PURPOSE
CELEBRATION NATION INC 3031 TISCH WAY, 110 PLAZA WEST SAN JOSE, CA 95128	85-0510391	501 (C) (3)	20,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
DIA CENTER FOR THE ARTS, INC. 535 W 22ND ST, FL 6 NEW YORK, CA 10011	23-7397946	501 (C) (3)	28,822.		FAIR MARKET VALUE		CHARITABLE PURPOSE
ENV. HEALTH COALITION 401 MILE OF CARS WAY, #210 NATIONAL CITY, CA 91950	95-2887894	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
FRIENDS OF FIELDWORKERS INC. P.O. BOX 7863 VENTURA, TX 93006	47-4817644	501 (C) (3)	20,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
FRIENDS OF INTL. FRIENDSHIP 8010 ANDERS CIR LA MESA, CA 91942	99-2063362	501 (C) (3)	1,011,440.		FAIR MARKET VALUE		
FROM THE HEART PRODUCTIONS 1455 MANDALAY BEACH ROAD OXNARD, CA 93035	95-4445418	501 (C) (3)	7,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
GEORGETOWN UNIVERSITY 37TH & O ST NW WASHINGTON, DC 20057	53-0196603	501 (C) (3)	125,281.		FAIR MARKET VALUE		CHARITABLE PURPOSE
GIVE2ASIA 2201 BROADWAY, SUITE 508 OAKLAND, CA 94612	94-3373670	501 (C) (3)	60,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
GLOBAL GREENGRANTS FUND INC 2840 WILDERNESS PLACE SUITE A BOULDER, CO 80301	84-1612422	501 (C) (3)	50,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE



Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HELEN H. KNOLL MEMORIAL FDN 10910 RIM RD ESCONDIDO, CA 92026	20-5816632	501 (C) (3)	8,945.		FAIR MARKET VALUE		CHARITABLE PURPOSE
INCLUSIVE ACTION FOR THE CITY 2900 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	27-0584116	501 (C) (3)	56,317.		FAIR MARKET VALUE		CHARITABLE PURPOSE
LEADING EDUCATION 2220 20TH ST NW APT 73 WASHINGTON, DC 20009	86-2202893	501 (C) (3)	68,103.		FAIR MARKET VALUE		CHARITABLE PURPOSE
LEGACY PHILANTHROPY WORKS 521 SANTA BARBARA STREET SANTA BARBARA, CA 93101	47-2584632	501 (C) (3)	42,500.		FAIR MARKET VALUE		CHARITABLE PURPOSE
METROPOLITAN AREA ADVISORY 1355 THIRD AVE CHULA VISTA, CA 91911	95-2457354	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
MAD COLLECTIVE 1900 AVE OF THE STARS 25TH FL LOS ANGELES, CA 90067	33-3187314	501 (C) (3)	7,500.		FAIR MARKET VALUE		CHARITABLE PURPOSE
MIL MUJERES INC 1250 H ST NW, STE 520 WASHINGTON, DC 20005	26-1452972	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
NAT'L DAY LABORER ORG NETWORK 1030 S ARROYO PKWY, STE 106 PASADENA, CA 91105	20-8802586	501 (C) (3)	81,002.		FAIR MARKET VALUE		CHARITABLE PURPOSE
NAT'L DOMESTIC WORKERS 45 BROADWAY, STE 2240 NEW YORK, NY 10006	35-2420942	501 (C) (3)	30,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
OLIVEWOOD GARDENS & LEARNING 2525 N AVENUE NATIONAL CITY, CA 91950	26-1640148	501 (C) (3)	282,853.		FAIR MARKET VALUE		CHARITABLE PURPOSE



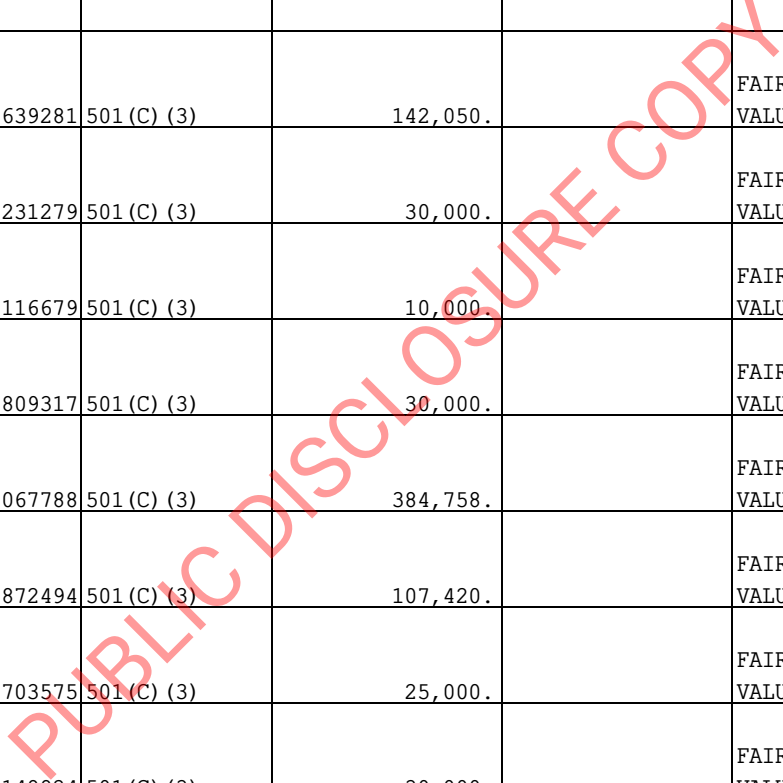
Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>RUSTED GATE FARM</u> <u>5700 UPTON RD</u> <u>CENTRAL POINT, OR 97502</u>	84-3639281	501 (C) (3)	142,050.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>SEVA FOUNDATION</u> <u>1786 5TH ST</u> <u>BERKELEY, CA 94710</u>	38-2231279	501 (C) (3)	30,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>SOCIAL & ENVIRONMENTAL ENTREP</u> <u>23564 CALABASAS RD, SUITE 201</u> <u>CALABASAS, CA 91302</u>	95-4116679	501 (C) (3)	10,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>MATHILE INSTITUTE FOR ADVANCE</u> <u>6450 SAND LAKE RD</u> <u>DAYTON, OH 45414</u>	31-1809317	501 (C) (3)	30,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>THE REGENTS OF THE UNIV OF CA</u> <u>1111 FRANKLIN ST</u> <u>OAKLAND, CA 94607</u>	94-3067788	501 (C) (3)	384,758.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>UC SAN DIEGO FOUNDATION</u> <u>9500 GILMAN DR #0940</u> <u>LA JOLLA, CA 92093</u>	95-2872494	501 (C) (3)	107,420.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>UFW FOUNDATION</u> <u>P.O. BOX 23400</u> <u>LOS ANGELES, CA 90023</u>	95-2703575	501 (C) (3)	25,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>UNITED WAY WORLDWIDE</u> <u>701 N FAIRFAX ST</u> <u>ALEXANDRIA, VA 22314</u>	13-4148824	501 (C) (3)	30,000.		FAIR MARKET VALUE		CHARITABLE PURPOSE
<u>US-MEXICO FOUNDATION</u> <u>2829 16TH ST NW, 4TH FLOOR</u> <u>WASHINGTON, DC 20009</u>	74-2984884	501 (C) (3)	19,104.		FAIR MARKET VALUE		CHARITABLE PURPOSE



**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 COMMUNITY FOUNDATION

Employer identification number

33-0457858

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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 on 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				(C) Retirement and other deferred compensation
1 LETICIA MARTINEZ HERMOSILLO VP PHILANTHROPY	(i)	139,071.	2,000.	0.	6,134.	8,261.	155,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARISA AURORA QUIROZ PRESIDENT & CEO	(i)	215,652.	0.	0.	8,450.	15,694.	239,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ELIZABETH CORROW DIR OF FINANCE	(i)	154,216.	2,500.	0.	14,276.	0.	170,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

PUBLIC DISCLOSURE COPY

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.

PUBLIC DISCLOSURE COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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

Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

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				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	3	123,148	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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

PUBLIC DISCLOSURE COPY

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2024

Part II 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.

PUBLIC DISCLOSURE COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

THE INTERNATIONAL COMMUNITY FOUNDATION (ICF) IS AN INTERNATIONAL NONPROFIT ORGANIZATION WITH A MISSION TO WORK IN THE UNITED STATES AND ACROSS BORDERS TO CONNECT PEOPLE, IDEAS, AND INVESTMENTS IN THE TRANSFORMATIVE POWER OF COMMUNITY.

ICF HAS 35 YEARS OF EXPERIENCE IN BUILDING RELATIONSHIPS AND TRUST WITH GRANTEES AND FUNDERS TO CREATE HIGH IMPACT PHILANTHROPY. THE ICF TEAM SERVES AS FINANCIAL AND PHILANTHROPIC ADVISORS WITH UNIQUE CULTURAL INSIGHTS AND KNOWLEDGE OF THE COMMUNITIES AND PROGRAMS THEY SUPPORT.

IN FY25, ICF GRANTED \$18.5 MILLION TO ORGANIZATIONS OPERATING IN THE UNITED STATES AND THROUGHOUT THE AMERICAS WORKING IN EDUCATION, ENVIRONMENT, HEALTH, AND FOOD SYSTEMS. ICF MANAGES FUNDS AND PROVIDES TECHNICAL ASSISTANCE TO DONORS AND NONPROFITS. SOME HIGHLIGHTS INCLUDE:

EDUCATION - ICF WORKS TO KEEP KIDS IN SCHOOL AND IMPROVE THE QUALITY OF EDUCATION THROUGH SCHOLARSHIPS, PROFESSIONAL FELLOWSHIPS, AND INNOVATIVE ART, MUSIC, LIBRARY, AND SPORTS PROGRAMS.

ENVIRONMENT - ICF FOCUSES ON COASTAL, MARINE AND TERRESTRIAL AREAS OF HIGH BIODIVERSITY AND NATIVE AND MIGRATORY SPECIES.

HEALTH - ICF SEEKS CREATIVE AND FAR-REACHING PARTNERSHIPS TO SOLVE CHRONIC AND COMMUNICABLE DISEASES, SUCH AS TUBERCULOSIS, CANCER AND DENGUE, AND WORKS TO IMPROVE ACCESS TO QUALITY HEALTHCARE.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

FOOD SYSTEMS - ICF CONTINUES ITS "NORTHERN BAJA FOOD SECURITY" INITIATIVE TO SUPPORT IMMEDIATE FOOD RELIEF WHILE FINDING WAYS TO STRATEGICALLY STRENGTHEN THE ECOSYSTEM OF ORGANIZATIONS WORKING TO CREATE ENDURING ACCESS TO FOOD INTO THE FUTURE. ICF CONTINUES TO PROVIDE GRANTS IN THIS AREA TO SUPPORT COMMUNITY-LED FOOD ASSISTANCE PROGRAMS, FOOD BANKS, SOUP KITCHENS, GARDENING AND NUTRITION EDUCATION PROGRAMS, AND SHELTERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE PRESIDENT AND CEO REVIEWS THE IRS FORM 990 AND IT IS THEN SENT TO THE AUDIT COMMITTEE FOR APPROVAL. THE 990 IS THEN MADE AVAILABLE FOR REVIEW BY THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE INTERNATIONAL COMMUNITY FOUNDATION HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY THAT COVERS ALL ASPECTS OF ITS OPERATIONS AND APPLIES TO BOARD, STAFF, AND STANDING BOARD COMMITTEE MEMBERS. THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL BOARD, STAFF AND STANDING COMMITTEE MEMBERS. MEMBERS OF THE BOARD OF DIRECTORS SIGN THE POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE COMPENSATION COMMITTEE OBTAINED COMPENSATION SUMMARIES FROM COUNCIL ON FOUNDATIONS. THE CURRENT COMPENSATION SURVEY FOR NONPROFITS IN THE SOUTHERN CALIFORNIA REGION SERVED AS A DATA POINT FOR DETERMINING EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE INTERNATIONAL COMMUNITY FOUNDATION HAS AN ANNUAL REPORT THAT SHOWS SUMMARY FINANCIAL INFORMATION. THE FULL FORM 990 AND ANNUAL AUDITED FINANCIALS ARE ON THE ICF WEBPAGE AT WWW.ICFDN.ORG/WHO-WE-ARE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) OLIVEWOOD GARDENS & LEARNING CENTE 2525 N. AVENUE NATIONAL CITY, CA 91950 26-1640148	SUPPORTING CHARITY	CA	501 C (3)	GOOD STANDING	INTERNATIONAL COMMUNITY FDN	X	
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1 a		X
1 b	X	
1 c		X
1 d		X
1 e		X
1 f		X
1 g		X
1 h		X
1 i		X
1 j		X
1 k		X
1 l		X
1 m		X
1 n	X	
1 o		X
1 p	X	
1 q	X	
1 r		X
1 s		X

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) OLIVEWOOD GARDENS & LEARNING CENTER, INC	B	282,853	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

PUBLIC DISCLOSURE COPY

Part VII **Supplemental Information**

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

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I – Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	INTERNATIONAL COMMUNITY FOUNDATION	33-0457858
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2505 N AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NATIONAL CITY, CA 91950	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ELIZABETH CORROW 2505 N AVENUE NATIONAL CITY CA 91950
 Telephone No. 619-592-8008 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.

If this is for the whole group, check this box

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 5/15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning 7/01, 20 24, and ending 6/30, 20 25.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.