Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Τ

AF	or the	2022 calendar year, or tax year beginning and	ending		
	heck if	C Name of organization		D Employer identific	ation number
	Addres				
	Name Chang	Doing business as		26-017193	39
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1 GOVERNMENT DRIVE		314-781-0	900
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,825,537.
	Ameno	ST. LOUIS, MO 63110		H(a) Is this a group re	turn
	Applic	F Name and address of principal officer. FRED REDOM		for subordinates?	Yes X No
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
<u>I</u> T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a l	ist. See instructions
	Vebsit			H(c) Group exemption	number
<u>K</u> F	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2007	State of legal domicile: MO
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $\ \underline{ ext{THE}}$	PURPOS	E OF THE SAN	ARA
Governance		CONSERVATION FUND INCLUDES BUT IS NOT LIM	IITED ?	CONSERVING	G THE
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			8
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
/itie	6	Total number of volunteers (estimate if necessary)		6	9
ctiv					0.
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		2,351,584.	2,802,560.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		218.	236.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,981.	22,741.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,366,783.	2,825,537.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		646,276.	443,221.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed A	b	Total fundraising expenses (Part IX, column (D), line 25) 13,7	42.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,166,316.	2,154,441.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,812,592.	2,597,662.
		Revenue less expenses. Subtract line 18 from line 12		-445,809.	227,875.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		1,650,804.	1,878,679.
t As d Bi	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		1,650,804.	1,878,679.
Pa	rt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	

Sign	Signature of officer			Date		
Here	KAREN SAUSMAN, TREASURER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	JEFF PARKER	JEFF PARKER	10/04	/23 self-employed	P00970069	
Preparer	Firm's name CLIFTONLARSONALLE	N LLP		Firm's EIN 41 -	0746749	
Use Only	Firm's address 475 REGENCY PARK,	SUITE 175				
	O'FALLON, IL 6226	9		Phone no. (618) 233-1200	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) SAHARA CONSERVATION FUND	26-0171939 Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE CONSERVATION OF THE WILDLIFE, HABITATS AND OTHER NA OF THE SAHARA AND ITS BORDERING SAHELIAN GRASSLANDS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of revenue, if any, for each program service reported.	hers, the total expenses, and
4a	(Code:) (Expenses 2,579,877. including grants of 443,221.) (Recently a compared by the second secon	
	THE FUND RECEIVES CONTRIBUTIONS TO HELP PRESERVE ENDANCE THEIR HABITATS IN THE SAHARA DESERT OF AFRICA.	GERED SPECIES AND
4b	(Code:) (Expenses \$ including grants of \$) (Ref	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
		, , , , , , , , , , , , , , , , , , ,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,579,877.)
40	Total program service expenses 2,5/9,8//.	Form 990 (2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V			- 23
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	<u>11a</u>		X
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a		20a		x
	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
232003			990	(2022)
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232003 12-13-22

2022.04030 SAHARA CONSERVATION FUND A5040771

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			Yes	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
LĹ	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
.	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	000		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 23
U.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 555		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22 F	Form	990	(2022)
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2022.04030 SAHARA CONSERVATION FUND A5040771

	990 (2022) SAHARA CONSERVATION FUND	26-0171	939	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			163	
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country NIGER , CAYMAN ISLANDS				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		<u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		50		
0a			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
-	were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			1
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, did the organization of cars, boats, airplanes, did the organizatio		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organization have excess business nothings at any time during the year?		0		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a		· · · ·	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
<i>.</i> –	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		
232005	12-13-22		Form	990	(2022)
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232005	12-13-22

Form 990	(2022)
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SAHARA CONSERVATION FUND

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

Section A. Governing Body and Management

26-0171939 Page 6

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
-	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				x
5	Did the organization become aware during the year of a significant diversion of the organization's asse				x
6	Did the environtion there is an event and the did and				x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app				
7a			70		x
Ŀ.	more members of the governing body?		<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ocknolders, or			
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		<u>8b</u>		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ū			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Y_e				
U		,	10-		x
	on Schedule O how this was done		<u>12c</u>		X
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		<u>15a</u>		X
b	Other officers or key employees of the organization		<u>15b</u>		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501	(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(-/(-/···)		
	Own website Another's website X Upon request Other (explain distribution)	on Schodula ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	,	v and finar	cial	
	statements available to the public during the tax year.		y, and inidi	orai	
20		and record			
20	State the name, address, and telephone number of the person who possesses the organization's book KAREN SAUSMAN – (520)416–4649	AS ANU RECORDS			
	13220 NORTH RED HILL ROAD, MARANA, AZ 85653				(202
	· · ·				

F

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.

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

(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) E. WILLIAM HOUSTON	6.00										
VICE-PRESIDENT		Х		X				0.	0.	0.	
(2) KAREN SAUSMAN	4.00										
TREASURER/DIRECTOR		Х		X				0.	0.	0.	
(3) DR. KOEN DE SMET	4.00										
SECRETARY/DIRECTOR		Х		X				0.	0.	0.	
(4) DR. MARK STANLEY PRICE	4.00										
DIRECTOR (TERM ENDED DEC 2022)		Х						0.	0.	0.	
(5) DR. ROSELINE BEUDELS	4.00										
DIRECTOR		Х						0.	0.	0.	
(6) TIM WOODFINE	6.00										
DIRECTOR		Х						0.	0.	0.	
(7) FRED NELSON	8.00										
PRESIDENT		Х		X				0.	0.	0.	
(8) TERRIE CORRELL	4.00										
DIRECTOR	1 0 0	Х						0.	0.	0.	
(9) JUSTIN CHUVIN	4.00										
DIRECTOR		X	-			-		0.	0.	0.	
		-									
										Farma 990 (0000)	

232007 12-13-22

Form 990 (2022)

17351004 131839 A504077

2022.04030 SAHARA CONSERVATION FUND A5040771

Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation from relatedEstin amountIst anyIst anyIst anyIst anyIst anyIst anyIst anyIst anyIst any	F) nated unt of ner nsation n the ization elated zations		
Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensationReportable compensationEstin amoundItem and titleAverage hours per (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensationEstin amoundItem and titleItem and a director/trustee)from theItem and organizationsCompensation compensation	nated unt of ner insation in the ization elated		
hours for 差 organization ML2/1000.ML9C/ from	zation elated		
related organizations and related (W-2/1099-MISC/ 1099-NEC) organizations and related (W-2/1099-MISC/ 1099-NEC) and related related (W-2/1099-NEC) and related (W-2/1099-NEC) are relat			
1b Subtotal 0.0.0. c Total from continuation sheets to Part VII, Section A 0.0.0. d Total (add lines 1b and 1c) 0.0.0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	0.0.0.		
compensation from the organization	0 es No		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Image: Complete Schedule J for such individual 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Image: Complete Schedule J for such individual	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</i> "Yes," <i>complete Schedule J for such individual</i>	x		
rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5	X		
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) (B) (C)	(C) Compensation		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0 (2022)		

232008 12-13-22

		(2022) SAHARA CONSE	RVATION F	UND		26-0171	939 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respons	e or note to any lin		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ng D	с	Fundraising events 1c		1			
àifts ar A	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
rsi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 2	<u>,802,560.</u>				
d O T	g	Noncash contributions included in lines 1a-1f					
a C	h	Total. Add lines 1a-1f		2,802,560.			
			Business Code				
e	2 a						
ervi	b		_				
n Si	С						
Jev	d						
Program Service Revenue	е		-				
–	f	All other program service revenue					
	g						
	3	Investment income (including dividends, inte		236.			236.
	4	other similar amounts) Income from investment of tax-exempt bonc		230.			250.
	4 5	Royalties	-				
	5	(i) Real	(ii) Personal				
	6 9	Gross rents					
		Less: rental expenses 6b 0					
	c						
		Net rental income or (loss)		12,741.			12,741.
		Gross amount from sales of (i) Securities		,			,
		assets other than inventory 7a					
	b	Less: cost or other basis		1			
en		and sales expenses 7b					
venue	с	Gain or (loss) 7c					
0	d	Net gain or (loss)					
Other R	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	За	-			
			3b				
		Net income or (loss) from fundraising events	; 				
	9 a	Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	9a	-			
			9b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances1	0a				
	h		0b				
		Net income or (loss) from sales of inventory					
	<u> </u>		Business Code				
snc	11 a	MEETING REVENUE	900099	10,000.			10,000.
scellaneo <u>Revenue</u>	b		-				
ella	с						
Miscellaneous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d		10,000.			
	12	Total revenue. See instructions		2,825,537.	0.	0.	22,977.
232009	9 12-13	-22					Form 990 (2022

10 2022.04030 SAHARA CONSERVATION FUND A5040771

	Form	990	(2022
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SAHARA CONSERVATION FUND 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 respons	e or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 3b, 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				
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	443,221.	443,221.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
	Fees for services (nonemployees): Management				
с	Legal Accounting Lobbying	2,783.		2,783.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion				
12 13 14	Office expenses				
15 16	Royalties Occupancy				
17 18	Travel Payments of travel or entertainment expenses	1,927.			1,927.
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22 23	Depreciation, depletion, and amortization				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a b	EAD CHAD PROJECT PHASE GIRAFFE PROJECT NIGER E IUCN SOS DAMA GAZELLE N	1,803,214. 60,736. 51,448.	1,803,214. 60,736. 51,448.		
	IUCN SOS DAMA GAZELLE N NIGER REPRESENTATION EX All other expenses	49,866.	49,866.	1,260.	11,815.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,597,662.	2,579,877.	4,043.	13,742.
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
232010	12-13-22	11		I	Form 990 (2022

11

2022.04030 SAHARA CONSERVATION FUND A5040771

17351004 131839 A504077

	SAHARA	CONSERVATION	FUND
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26-0171939 Page 11

		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,530,804.	1	1,445,805.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of th			5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	bed in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		120,000.	7	432,874.
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		1,650,804.	16	1,878,679.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Completion		21		
6	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul				
lidi		controlled entity or family member of any of th		22		
Lia	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela		24		
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir				
		of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	0.	26	0.	
		Organizations that follow FASB ASC 958, c	heck here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			1,650,804.	27	1,878,679.
Bala	28	Net assets with donor restrictions		· · ·	28	
Гр		Organizations that do not follow FASB ASC				
Ъ		and complete lines 29 through 33.				
p	29	Capital stock or trust principal, or current fund	ds		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,650,804.	32	1,878,679.
2	33	Total liabilities and net assets/fund balances		1,650,804.	33	1,878,679.

Form **990** (2022)

Form	990 (2022) SAHARA CONSERVATION FUND	26-0	171939	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,537.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,662.
3	Revenue less expenses. Subtract line 2 from line 1	3		,875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,650	,804.
5	Net unrealized gains (losses) on investments	5		
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	1,878	,679.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Т

N

Nan	ne of t	the organization							identification number		
			RA CONSERVA						6-0171939		
	rt I	Reason for Public (ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
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	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
		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	\square										
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C	-		onna gora			ie general p			
8		A community trust describe			• 11 \						
9	\square	An agricultural research org				od in coniu	unction with a	land grant	collogo		
9						-		-	-		
		or university or a non-land-g	grant college of agrici	ulture (see instructions).		lame, city	, and state of	the college			
40		university:	1	11							
10		An organization that norma						-	•		
		activities related to its exem		-					-		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor			_						
11		An organization organized a		•	•						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section §	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting		
		organization. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You must complete Part IV, Sections A and C.									
с		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											
	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.										
6	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III										
Ŭ		functionally integrated, or					Type I, Type I	n, rype m			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
		vide the following information	-	d organization(c)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10	in your governi Yes	ng document?	support (see in	structions)	support (see instructions)		
				above (see instructions))	103						
Tota	al										

Schedule A (Form 990) 2022

SAHARA CONSERVATION FUND

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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1670018.	1066619.	2072495.	1756253.	2802560.	9367945.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1670018.	1066619.	2072495.	1756253.	2802560.	9367945.				
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)						723,458.				
	Public support. Subtract line 5 from line 4.						8644487.				
Sec	Section B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	1670018. 1066619. 2072495. 1756253. 2802560. 936794									
8	Gross income from interest,	interest,									
	dividends, payments received on	, payments received on									
	securities loans, rents, royalties,										
	and income from similar sources \dots	600.	491.	329.	218.	236.	1,874.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	40 554	4 4	4 4 5 6		10.000					
	assets (Explain in Part VI.)	12,754.	4,531.	1,479.	14,981.	10,000.	43,745.				
	Total support. Add lines 7 through 10						9413564.				
	Gross receipts from related activities,	,	,			12	12,741.				
13	3 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 Percentage14Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))1491.83%											
168	16a 33 1/3% support test - 2022. 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 box . The exception qualifies as a publicly supported exception.										
la	stop here. The organization qualifies as a publicly supported organization X										
D	b 33 1/3% support test - 2021. 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										
47-	· · ·										
1/a	10% -facts-and-circumstances test	-									
	and if the organization meets the fact			-		-					
1-	meets the facts-and-circumstances te	-			-	To and line 1E is t					
0	10% -facts-and-circumstances test	-					10% Or				
	more, and if the organization meets the										
10	organization meets the facts-and-circle		-		• •						
18	Private foundation. If the organization	on did hot check a		a, 100, 17a, 01 17D	, oneor unis dox al		(Form 990) 2022				
						Schedule A	(1 JIII 330) 2022				

232022 12-09-22

Schedule A	(Form	990) 202

SAHARA CONSERVATION FUND

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.)

Sec	ction A. Public Support	<u>, picaco comp</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	L					
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organi	zation,
_							
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					, , , , , , , , , , , , , , , , , , , 	
	Investment income percentage for 20 Investment income percentage from a					17 18	<u>%</u> %
	33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22		,	,			ule A (Form 990) 2022
			16				· ·

2022.04030 SAHARA CONSERVATION FUND A5040771

SAHARA CONSERVATION FUND

Yes No

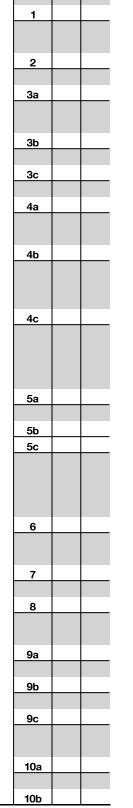
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

17

A (Form 990) 2022 SAHARA CONSERVATION FUNI

2

3

2a

2b

3a

Yes No

No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	David	Man and the second s			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Sup	ervise	u. or cor	<i>li olieu l</i>	ne supp		ganization	
Section	1 C. T	ype II	Suppo	orting	Organ	izations	

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

See	ction D. All Type III Supporting Organizations			
			Yes	ſ
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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c L		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity	(see instruction <u>s).</u>
-----	--	--------------------------------------------------	--------------------------------------------------------------------	-----------------------------

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

Schedule

2022.04030 SAHARA CONSERVATION FUND A5040771

18

_	dule A (Form 990) 2022 SAHARA CONSERVATION FU			26-0171939 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

SAHARA CONSERVATION FUND

26-0171939 Page 7

	dule A (Form 990) 2022 SAHARA CONSER				<u>6-0171939 _{Ра}</u>	ige 7
Par		a)(3) Supporting Orga	nizations (continu	ied)	[
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		_		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022	!
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u> i</u>	Carryover from 2017 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
6	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		CONSERVATIO			26-0171939 Page &
Part VI	Supplemental Infor Part IV. Section A. lines 1	, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	Ic, 5a, 6, 9a, 9b, 9c, 1 art IV, Section E, lines	1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	rt IV, Section B, lines ⁻ 3b; Part V, line 1; Part ^v	r 17b; Part III, line 12; I and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	~					
232028 12-09-2	2		2	1		Schedule A (Form 990) 202

2022.04030 SAHARA CONSERVATION FUND A5040771

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

6–	0	1	7	1	9	3	9
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2

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

SAHARA CONSERVATION FUND

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

26-0171939

SAHARA CONSERVATION FUND

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		\$ <u>165,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,633,379.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$67,724.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANA Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B	(Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

26-0171939

SAHARA CONSERVATION FUND

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

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

25

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lame of or	rganization		Employer identification numbe
SAHARA	A CONSERVATION FUND		26-0171939
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea htry. For organizations
<u>, , , , , , , , , , , , , , , , , , , </u>	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gir	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
()))			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
23454 11-15	-22	I	Schedule B (Form 990) (20

26 2022.04030 SAHARA CONSERVATION FUND A5040771

SCHEDULE F		ateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 1545-0047		
(nswered "Yes" on Form 990, Part IV,			2022		
Department of the Treasury				Attach to Form 990.					
Internal Revenue Service Name of the organizatio	n	GO LO W	ww.irs.gov/Form		mormation.	Emplover i	Inspection identification number		
······									
SAHARA CONSE						26-017	1939		
			ctivities Out	side the United States. Compl	ete if the organ	ization answe	ered "Yes" on		
	Part IV, line		maintain record	ds to substantiate the amount of its gra	ants and other	assistance			
-		-		he selection criteria used to award the			X Yes No		
2 For grantmakers United States.	. Describe i	in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the		
				n be duplicated if additional space is r					
(a) Region		Number of offices	(c) Number of employees,		. ,	vity listed in (grom convice	f and the state of		
		the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and		
		5	contractors in the region	recipients located in the region)		(s) in the regio	I Investments		
					CONSERVATIO	N OF			
					WILDLIFE, H	ABITATS AN	ID		
MIDDLE EAST AND					OTHER NATUR	AL RESOURC	CES		
NORTH AFRICA		1	20	PROGRAM SERVICES, GRANTS	OF THE SAHA	RA DESERT	AND 2,699,877		
2 a Subtatal		0	20				2,699,877		
3 a Subtotal b Total from continu		0	20				2,055,011		
sheets to Part I		0	0				0		
c Totals (add lines 3									
and 3b)		0	20				2,699,877		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

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)
		ICELAND &	TO FUND AND/OR CARRY OUT ANY ACTIVITIES TO PROTECT THE NATURAL					
		ALBANIA, ANDORRA,	ENVIRONMENT.	443,221.	WIRE TRANSFER	Ο.		
			I recognized as charities by the t or counsel has provided a sect			> _		1

Schedule F (Form 990) 2022

SAHARA CONSERVATION FUND Schedule F (Form 990) 2022

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.							
Part III can be duplicated if	(b) Region	d. (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)

Schedule F (Form 990) 2022

26-0171939

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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:

FINANCIAL RECORDS OF GRANTS ARE KEPT BY THE CEO AND SUBMITTED TO THE TREASURER OF SCF FOR TRACKING AND FOR FINANCIAL STATEMENTS. THE FINANCIAL RECORD RETAINED BY SCF INCLUDE THE NAME OF THE RECIPIENT ORGANIZATION, THE DATE OF THE DISTRIBUTION, THE AMOUNT OF THE DISTRIBUTION AND THE PURPOSE OF THE DISTRIBUTION. THE CEO AND OTHER INDEPENDENT CONTRACTORS HIRED BY SCF CONDUCT SITE VISITS AND SUPERVISE THE RECIPIENT ORGANIZATIONS TO ENSURE THAT THE FUNDS ARE USED APPROPRIATELY.

THE CEO SELECTS ORGANIZATIONS THAT MIGHT FURTHER THE EXEMPT PURPOSES OF THE RELEVANT PROJECT. GRANT PROPOSALS ARE BY INVITATION ONLY. PROPOSALS ARE SELECTED BY THE CEO FOR CONSIDERATION AND SUPPORT BY SCF. WHERE APPROPRIATE, THE CONSERVATION AND SCIENCE COMMITTEE OF SCF MAY EVALUATE AND ADVISE THE CEO ON PROPOSALS. THE MEMBERS OF THE CONSERVATION AND SCIENCE COMMITTEE CONSIST OF THE CEO AND DIRECTORS OF SCF. THE BOARD HAS FINAL APPROVAL.

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR ON THE CASH BASIS OF ACCOUNTING.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: CONSERVATION OF WILDLIFE,

HABITATS AND OTHER NATURAL RESOURCES OF THE SAHARA DESERT AND BORDERING

31

SAHELIAN GRASSLANDS.

232075 10-17-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



SAHARA CONSERVATION FUND

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WILDLIFE, HABITATS, AND OTHER NATURAL RESOURCES OF THE SAHARA DESERT

AND BORDERING SAHELIAN GRASSLANDS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

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

THE 990 IS DISTRIBUTED ELECTRONICALLY TO EACH BOARD MEMBER BEFORE FILING.

EACH MEMBER THEN REVIEWS THE 990 AND RETURNS ANY CORRECTIONS TO BE MADE.

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

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY

WAY OF REQUEST AT THE SAHARA CONSERVATION FUND OFFICE. KAREN SAUSMAN

(TREASURER) SHOULD BE CONTACTED TO REQUEST DOCUMENTATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022