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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	For the	2009 cal	lendar year, or tax year beginning and ending		
В	Check if	Disease	C Name of organization	D Employer identific	ation number
a	pplicable	e Please use IRS	INTERNATIONAL WILDERNESS LEADERSHIP		
Γ	Addres		FOUNDATION, INC.		
\vdash	Name	type	Doing Business As	─	389749
\vdash	change Initial				
\vdash	return ```]Termin	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
늗	ated	Instruc-	717 POPLAR AVENUE	303-4	442-8811
\vdash	lreturn		City or town, state or country, and ZIP + 4	G Gross receipts \$	4,341,824.
L	Application pending	,, -	BOULDER, CO 80304	H(a) Is this a group re	
	pendi	FNar	ne and address of principal officer:VANCE MARTIN	for affiliates?	Yes X No
		SAM	IE AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No
1	Tax-exe	empt statu	us. X 501(c) (3	If "No," attach a	list. (see instructions)
JI	Websit	te: VW	W.WILD.ORG	H(c) Group exemption	
				ear of formation: 1974 M	
	art I	Summ			
	1	Briefly de	scribe the organization's mission or most significant activities: THE WILD	FOUNDATION WO	ORKS
& Governance			NATIONALLY TO PROTECT AND SUSTAIN WILDE		
na.			s box if the organization discontinued its operations or disposed of m		
Ve	:		of voting members of the governing body (Part VI, line 1a)	1 1	
ĝ	1			3	$\frac{14}{12}$
ø	1		of independent voting members of the governing body (Part VI, line 1b)	4	12
ies	1		nber of employees (Part V, line 2a)	5	<u> 17</u>
Activities	6	Total num	nber of volunteers (estimate if necessary)	6	5
Act	7a	Total gros	ss unrelated business revenue from Part VIII, column (e), line 12	7a	0.
	b	Net unrela	ated business taxable income from form 990-17 ine 341	<u></u>	0.
			180	Prior Year	Current Year
ō	8	Contribut	nons and grants (Part VIII, line 1h) SEP 2 7 2010 (7)	3,098,130.	4,173,350.
E C	9	Program	service revenue (Part VIII, line 2g)	127,384.	7,261.
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4 and 7d)	-31,960.	21,137.
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, 面 11e)	-2,035.	-83,971.
	12	Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,191,519.	4,117,777.
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	1,197,192.	1,068,338.
			paid to or for members (Part IX, column (A), line 4)		
Ø	l		other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,645.	866,123.
se	16a		nal fundraising fees (Part IX, column (A), line 11e)		54,465.
Expenses	h		draising expenses (Part IX, column (D), line 25) 150,966.		<u> </u>
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,447,254.	1,666,122.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,039,091.	3,655,048.
			less expenses. Subtract line 18 from line 12		
_ <u>v</u>	19	neveriue	less expenses. Subtract line to nont line 12	152,428.	462,729.
sts		Tatal ass	ata (Dart V. lina 10)	Beginning of Current Year	End of Year
SSE	20		ets (Part X, line 16)	1,415,380.	2,055,175.
Net Assets or Fund Balances	21		ilities (Part X, line 26)	81,130	145,126.
	22 art li		ts or fund balances. Subtract line 21 from line 20	1,334,250.	1,910,049.
	art II		ture Block	 	
		and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme ete _{ll} Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledg dge	le and belief, it is true, correct,
		1.	de du O	15 0.00	. 7
Sig	jn	- Cur	Vanela Mark	20 Squal	<u> </u>
He	re	1. "	nature of officer	Date	
			ANCE MARTIN, PRESIDENT		
		Тур	e or print name and title		
Pai	d	Preparer'			r's identifying number tructions)
_	parer's	signature	111/11/10/10	employed	P00231037
	only	Firm's nam	SICKARDS HONG & ROLON, HIP	EIN ► 84-	1483675
USC	. Omy	self-emplo			
		address, at ZIP + 4	FORT COLLINS, CO 80524	Phone no. ▶ 9	70-493-6869
Ма	y the II	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No
			IA For Drivers And and Dress and Dre		- 000

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATTON

orm :	990 (2009) FOUNDATION, INC.	23-7389	749	Page 2
Parl	t III Statement of Program Service Accomplishments	<u> </u>		
1	Briefly describe the organization's mission:			
	THE WILD FOUNDATION WORKS INTERNATIONALLY TO PROTECT	AND SUSTA	ΙN	
	WILDERNESS AND WILDLIFE WHILE INTEGRATING THE NEES O			
	COMMUNITIES; TO CATALYZE CONSERVATION LEADERSHIP AND			
	CONSERVATION CAPACITY.			
	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services	s by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
	(Code:) (Expenses \$ 2,622,917. including grants of \$) (Revenue \$)
	TO PROMOTE THE UNDERSTANDING, PROTECTION & VALUE OF			
	THROUGH THE INTEGRATION OF WILDERNESS CONCEPTS WITH	OTHER CONSI	ERVAT	<u>ION</u>
	& NATIONAL RESOURCE MANAGEMENT ACTIVITIES.			
				
		·		
				
	665,002			
	(Code:) (Expenses \$ 665,093. including grants of \$) (Revenue \$)
	WORLD WILDERNESS CONGRESS			
			 -	
				
			 -	
				
				
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$	·	
) (2points) 4 minima 9 9-2110 51 4) (I I I I I I I I I I I I I I I I I I I		,
				
				
4d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶\$ 3,288,010.			
			Form 9	90 (2009)

Form 990 (2009) FOUNDATION, INC.

Part IV Checklist of Required Schedules

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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	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	_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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
Ŭ	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	10		
• •	as applicable	11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-23	
•	Part VI.		' -	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	!	}	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	- 5		1
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	٠.		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ļ		
	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	- ")		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			}
Ū	the organization's separate or consolidated invarious statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		10	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	40	Х	1
104		12		
IZA				
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	_^
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146	x	
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	45	v	ŀ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	X	
16	located outside the United States? If "Yes," complete Schedule F, Part III		v	,
47	·	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٦,	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	ļ	ļ	
	complete Schedule G, Part III	19	 	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X

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Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III \mathbf{x}_{-} 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a \mathbf{X}_{-} disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete $\mathbf{x}_{_}$ 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M ... 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ... X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

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Part V. Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a 'Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 17 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country: ▶ SOUTH AFRICA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c . d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009)

Form 990 (2009)

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

000	tion A. Governing Body and Management					_	
		1 .	ı	ام ہ		Yes	No
1a		<u>1a</u>	<u></u>	14	i		
þ	Enter the number of voting members that are independent	1 <u>b</u>	<u> </u>	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he dire	ct supervision		:		
	of officers, directors or trustees, or key employees to a management company or other person?				3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior F		00 was filed?	,	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?			5		<u> </u>
6	Does the organization have members or stockholders?			,	_6_		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embei	s of the				
	governing body?			ļ	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		· ·	Ì	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaker	n durin	g the year				
	by the following						
а	The governing body?				_8a	_X	
b	Each committee with authority to act on behalf of the governing body?				8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code.)				
						Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		<u> X</u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing t	ne form?		11	X	
11A							-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould gr	/e rise				
	to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	describe				
	ın Schedule O how this is done	••			_12c	_X	
13	Does the organization have a written whistleblower policy?				13	77	X
14	Does the organization have a written document retention and destruction policy?			•	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7				7,7	
a	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization		•		15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)]		
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	wπn a				**
	taxable entity during the year?				16a	 	X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev			n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or exempt status with respect to such arrangements?	ganıza	tion s		401	•	
Sec	tion C. Disclosure				16b	L	<u> </u>
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 (or 1024 if applicable), 990, and 990	T (501	(c)(3)s only) av	ailahle	for		
.0	public inspection. Indicate how you make these available. Check all that apply.	1 (00	(c)(c)3 of ily) av	anabic	101		
	X Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest se	diov c	nd func	noial	
13	statements available to the public.	COLINIC	a or interest po	incy, ar	iù III le	uiciai	
20	State the name, physical address, and telephone number of the person who possesses the books	and ro	nords of the co-	aanize:	tion Þ		
20	THE ORGANIZATION - 303-442-8811	a 10 16	cords of the Of	yaı IIZdi	LIOIT P	_	
	717 POPLAR AVENUE, BOULDER, CO 80304						

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

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

- 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. Use Schedule J-2 if additional space is needed.
- 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. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	heck	k all t	that	app	ly)_	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHARLOTTE BARON										
CHAIRMAN	2.00	X	L					0.	0.	0.
DAVID BARRON										
BOARD MEMBER	2.00	X	_	<u> </u>				0.	0.	0
MAGALEN BRYANT										
BOARD MEMBER	2.00	X	<u> </u>		<u> </u>			0.	0.	0،
DR. CHAD DAWSON			l							
BOARD MEMBER	2.00	X		_		<u> </u>		4,000.	0.	0.
DR JOHN HENDEE		l						_	_	
BOARD MEMBER	2.00	X	_		_			0.	0.	0.
DOUGLAS COOPER				İ					_	_
BOARD MEMBER	2.00	X	-	-			_	0.	0.	0.
VANCE MARTIN	40.00		ĺ					0= 0=0		_
PRESIDENT	40.00	X	-	X		_		97,850.	0.	0.
ANDREW MUIR	2 00	-								^
BOARD MEMBER CRISTINA MITTERMEIER	2.00	^	╁	-	-	-	_	0.	0.	0,
BOARD MEMBER	2.00							77,000.	0.	0
MICHAEL SWEATMAN	2.00	^	╁	 	 		-	11,000.		0.
TREASURER	2.00	X	į					0.	0.	0.
JAMES DUNLAP	2.00	1	-	\vdash	-	-				
BOARD MEMBER	2.00	x						0.	0.	0.
KAT HABER	1 - 2000	-	 	\vdash				<u> </u>		
BOARD MEMBER	2.00	x	ł	İ				0.	0.	0.
MICHAEL MCBRIDE			İΠ			_				
BOARD MEMBER	2.00	x						0.	0.	0.
JO ROBERTS										
BOARD MEMBER	2.00	$ \mathbf{x} $						0.	0.	0 .
CYRIL KORMOS										
VICE PRESIDENT	40.00	L		X	L	L	L	100,900.	0.	0.
GARY TABOR										
DIRECTOR CLLC	40.00	\vdash	<u> </u>	X		X	_	126,000.	0.	0.

	(A)	(B)			(C	•			(D)	(E)		(F)	- d
	Name and title	Average	(c		Posi all t		app	ly)	Reportable compensation	Reportable compensation from related	1	stimate mount other	of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	O	mpensa from the ganizate nd relate ganizat	ation le tion ted
		ļ		_	-			_			-	<u>,_</u> .	
				_			-	- 			-		
				-		-							
			_	-		_						_	
 -			-	_							1		
											-	_	
	Total			<u> </u>					405,750.).		0.
2	Total number of individuals (including but compensation from the organization	not limited to ti	nose	———	eo a	DOV	e) wi	10 F	eceived more than \$100),000 in reportable	_	Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or I	highest compensated er	mployee on	3	103	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes	, ° cc	mpl	ete S	Sch	edul	e <i>J</i> 1	for such individual	-	4		х
5	Did any person listed on line 1a receive o the organization? If "Yes," complete Sche tion B. Independent Contractors				rom	any	y uni	elat	ed organization for serv	cices rendered to	5	<u></u>	х
1	Complete this table for your five highest of the organization NONE	compensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compo	ensatio	n from	
	(A) Name and busines	ss address							(B) Description of s	services		(C) ensatio	on
			_										
								_				_	
							_	_			_		
2	Total number of independent contractors \$100,000 in compensation from the orga		not I	ımıte	ed to		ose li	sted	d above) who received n	nore than			
	+	· ····································					<u> </u>		 -			₂ 990	(0000)

23-7389749 Form 990 (2009) FOUNDATION, INC. Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues 155,880. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 4017470 28,026. Q Noncash contributions included in lines 1a-1f \$ 4173350. h Total. Add lines 1a-1f **Business Code** 7,261. 2 a SUBSCRIPTIONS 900099 7,261. f All other program service revenue 7,261. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25,903. 25,903. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 796. 796. Royalties . (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 130344. assets other than inventory b Less: cost or other basis 132391. 2,719 and sales expenses -2,719-2,047.c Gain or (loss) -4,766 -4,766. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 155,880. of contributions reported on line 1c). See Part IV, line 18 Other 86,464 b Less direct expenses -86,464-86,464. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 3,070 and allowances 2,473. **b** Less cost of goods sold 597 c Net income or (loss) from sales of inventory 597. Miscellaneous Revenue **Business Code** 1,100 900099 1,100. 11 a OTHER MISC REVENUE d All other revenue 1,100. e Total, Add lines 11a-11d -59,765. Total revenue. See instructions. 4,192.

Form 990 (2009)

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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) but are not required to complete columns.

	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 governments and			-	
	organizations in the U.S. See Part IV, line 21	343,978.	343,978.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	724,360.	724,360.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	327,511.	283,300.	36,680.	7,531
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
	persons described in section 4958(c)(3)(B)	_			
7	Other salanes and wages	461,833.	399,485.	51,725.	10,623
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	19,220.	16,625.	2,153.	442
9	Other employee benefits				
10	Payroll taxes	57,559.	49,604.	6,551.	1,404.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting .	45,814.	_	45,814.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	54,465.			54,465
f	Investment management fees				
g	Other	465,214.	461,621.	3,593.	
12	Advertising and promotion				
13	Office expenses	22,938.	18,548.	4,390.	
14	Information technology	42,382.	42,382.		
15	Royalties				
16	Occupancy	43,830.	23,080.	20,750.	
17	Travel .	278,813.	274,780.	4,033.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,430.	_15,165.	7,265.	
23	Insurance	66,026.	58,859.	7,167.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	, •	-		
а	PRINTING AND DESIGN	277,929.	276,379.	1,550.	
b	EVENTS	208,042.	139,773.	411.	67,858
С	PROMOTIONAL AND MATERIA	62,716.	62,516.	200.	
d	SUPPLIES	46,171.	39,076.	7,095.	
е	COMMUNICATIONS	36,970.	33,394.	3,576.	
f	All other expenses	46,847.	25,085.	13,119.	8,643
25	Total functional expenses. Add lines 1 through 24f	3,655,048.	3,288,010.	216,072.	150,966
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		76,685.	1	88,525.
1	2	Savings and temporary cash investments		337,788.	2	378,535.
	3	Pledges and grants receivable, net	•	352,207.	3	833,113.
ļ	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tru	stees, key			
		employees, and highest compensated employees. Comple				
		of Schedule L	_		5	
	6	Receivables from other disqualified persons (as defined un	der section			
Î		4958(f)(1)) and persons described in section 4958(c)(3)(B).				
		Part II of Schedule L		L	6	L
ς	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		29,718.	8	14,457.
As	9	Prepaid expenses and deferred charges	•	63,367.	9	58,098.
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D 10a	163,252.			خ
	ь	Less: accumulated depreciation 10b	83,892.	79,140.	10c	79,360.
	11	Investments - publicly traded securities		476,475.	11	603,087.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	1,415,380.	16	2,055,175.
	17	Accounts payable and accrued expenses		72,527.	17	122,312.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ű	21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees			1 41 1	
abi		highest compensated employees, and disqualified person	s. Complete Part II	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	
=		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities. Complete Part X of Schedule D		8,603.	25	22,814.
	26	Total liabilities. Add lines 17 through 25		81,130.	26	145,126.
		Organizations that follow SFAS 117, check here	X and complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
S		lines 27 through 29, and lines 33 and 34.				
ğ	27	Unrestricted net assets		1,326,877.	27	1,344,986.
Sala	28	Temporarily restricted net assets		7,373.	28_	565,063.
Ā	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, check here	▶ ☐ and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment f	und		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or o	other funds .		32	
Ž	33	Total net assets or fund balances		1,334,250.	33	1,910,049.
	34	Total liabilities and net assets/fund balances	<u> </u>	1,415,380.	34	2,055,175.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

FOUNDATION, INC. 23-7389749 Form 990 (2009) Page **12** Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3b

Form 990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

INTERNATIONAL WILDERNESS LEADERSHIP 23-7389749 FOUNDATION, INC 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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 that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated d ___ Type III - Other a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION, INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Part II

23-7389749 Page 2

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 771,800. 1,762,471 1,244,825 3,098,130 4,173,350 11,050,576. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 771,800. 4 Total. Add lines 1 through 3 1,762,471 1,244,825 3,098,130 4,173,350 11,050,576, 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) 3,523,933, 6 Public support. Subtract line 5 from line 4 7 526 643. Section B. Total Support (b) 2006Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 771,800 7 Amounts from line 4 1,762,471 1,244,825 3,098,130 4,173,350 11,050,576. Gross income from interest, dividends, payments received on securities loans, rents, royalties 49,135 66,464. 26,699. 36,049 36,712. 215,059. and income from similar sources 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 235 248 125 202 1,100 1,910. assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 11,267,545, 623,801. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 66.80 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 65.09 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and \mathbf{N} stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... b 10% -facts-and-circumstances test - 2008. 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 IV 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 Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f)	Total	
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons bhow mounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 196 of the	Total	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from other than 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		
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from other than 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		
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Iness under section 513 4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		
4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		
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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 7a 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		
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6 Total. Add lines 1 through 5 7a 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		
7a 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		
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		
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		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		
c Add lines 7a and 7b		
8 Public support (Subtract line 7c from line 6)		
Section B. Total Support		
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f)	Total	
9 Amounts from line 6		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		
b Unrelated business taxable income		
(less section 511 taxes) from businesses		
acquired after June 30, 1975		
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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 IV)		
13 Total support (Add lines 9, 10c, 11, and 12)		
14 First five 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		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)		%
16 Public support percentage from 2008 Schedule A, Part III, line 15		%
		<u>%</u>
Section D. Computation of Investment Income Percentage		
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17		%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17	nt t	
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. 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 line 14.	ot	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. 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	ot > [%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. 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 line 14.	ot ►[%

Schedule D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number 23-7389749

Par		Organizations Maintaining Donor Advise		ds or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line T	(a) Donor advised funds		b) Funds and other accounts
		1	(a) Donor advised idrids	 	b) Funds and other accounts
1		umber at end of year		 	
2		ate contributions to (during year)	· · · · · · · · · · · · · · · · · · ·	 	
3		ate grants from (during year)		 -	
4		ate value at end of year			d-
5		organization inform all donors and donor advisors in v	_	visea iun	
_		organization's property, subject to the organization's	-		
6		organization inform all grantees, donors, and donor a			
		ritable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	se conter	
Dat		nssible private benefit? Conservation Easements. Complete if the org	entration answered "Voc" to Form 000	· · · · · · · · · · · · · · · · · · ·	Yes No
				, Part IV,	me 7.
1	_	e(s) of conservation easements held by the organization		L4	h. Sana automi launi auso
		Preservation of land for public use (e.g., recreation or p	· —		ly important land area
	=	Protection of natural habitat	Preservation of a c	entitiea ni	storic structure
_		Preservation of open space			
2	•	ete lines 2a through 2d if the organization held a qualif	led conservation contribution in the for	m or a co	onservation easement on the last
	day or	the tax year.			Hold at the End of the Tay Year
	Tatal -	umber of conservation easements			Held at the End of the Tax Year
a				•	2a
b		creage restricted by conservation easements or of conservation easements on a certified historic str	usturo includad in (a)	•	2b 2c
C		er of conservation easements on a certified historic street of conservation easements included in (c) acquired	` '	••••	2d
d 3		er of conservation easements included in (c) acquired a		 the ergar	
3	year D		leased, extinguished, or terminated by	ii le Orgai	ization during the tax
4		er of states where property subject to conservation ea	sement is located		
5		he organization have a written policy regarding the per	•	 of	
Ü		ons, and enforcement of the conservation easements in	-		Yes No
6		nd volunteer hours devoted to monitoring, inspecting,	• • •	s dunna t	
7		nt of expenses incurred in monitoring, inspecting, and	_		
8		each conservation easement reported on line 2(d) above	-	-	
		ction 170(h)(4)(B)(ii)?	,	- ()()(Yes No
9		XIV, describe how the organization reports conservati	on easements in its revenue and exper	nse state	ment, and balance sheet, and
		e, if applicable, the text of the footnote to the organizar	-		
		vation easements.			
Pa	rt III	Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other	Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	i balance	sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public se	rvice, provide, in Part XIV, the text o
	the fo	otnote to its financial statements that describes these	items.		
b	If the	organization elected, as permitted under SFAS 116, to	report in its revenue statement and ba	lance she	eet works of art, historical treasures,
	or oth	er sımılar assets held for public exhibition, education, c	or research in furtherance of public serv	rice, prov	ide the following amounts relating to
	these				•
	(i) Re	venues included in Form 990, Part VIII, line 1			> \$
	(ii) As	sets included in Form 990, Part X			▶ \$
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for finan	cial gain,	provide
		lowing amounts required to be reported under SFAS 1			
а	Reven	ues included in Form 990, Part VIII, line 1			> \$
b	Assets	s included in Form 990, Part X	•••		> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection let (check all that apply) a □ Public exhibition □ □ Cher □ Chier all that apply) biblic exhibition d			ION, INC.				<u>3-7389749</u>		
Check all that apply a	all that apply) biblic exhibition d	Par							
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 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	a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV he year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV he year, did the organization's collection?	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant us	e of its collection i	tems
b	cholarly research e Other eservation for future generations a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV he year, did the organization solicit or receive donations of art, historical treasures, or other similar assets did to raise funds rather than to be maintained as part of the organization's collection? Yes No escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or esported an amount on Form 990, Part X, line 21: granization an agent, furstee, custodian or other intermediary for contributions or other assets not included 1930, Part X? explain the arrangement in Part XIV and complete the following table: granization an agent, furstee, custodian or other intermediary for contributions or other assets not included 1930, Part X? explain the arrangement in Part XIV and complete the following table: granization include an amount on Form 990, Part X, line 21? explain the arrangement in Part XIV. In a large of the year tions during the year balance granization include an amount on Form 990, Part X, line 21? Explain the arrangement in Part XIV. In a large of the year to large or the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back tions customers and losses or a scholarships. Expenditures for facilities granis granizations ted organizations To salph, are the related organizations is endowment funds. Description of Investment (a) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value		·		_				
c	a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV he year, did the organization solicit or receive donations of art, historical treasures, or other similar assets bid to raise funds rather than to be maintained as part of the organization's collection? Yes	а	Public exhibition	d	I ∟ Loan or exc	hange programs			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it he organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance	a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV he year, did the organization solict or receive donations of art, historical treasures, or other similar assets kild to rase funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or eponted an amount on Form 990, Part X, line 21. ganization an agent, trustee, custodian or other intermediary for contributions or other assets not included 1990, Part X? explain the arrangement in Part XIV and complete the following table: Amount 16	b	Scholarly research	е	Other				
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 assets on the best of the period	he year, did the organization solicit or receive donations of art, historical treasures, or other similar assets did to raise funds rather than to be maintained as part of the organization's collection? Scrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or explain the arrangement in Part XIV and complete the following table: Yes	С	Preservation for future generations						
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Ide to raise funds rather than to be maintained as part of the organization's collection?	4						e in Part XIV	
Part IV	Scrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or experied an amount on Form 990, Part X, line 21. Inganization an agent, trustee, custodian or other intermediary for contributions or other assets not included a 1990, Part X? Inganization an agent, trustee, custodian or other intermediary for contributions or other assets not included a 1990, Part X? Inganization an agent, trustee, custodian or other intermediary for contributions or other assets not included an amount on Form 900, Part X inganization include an amount on Form 910, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 219. Inganization include an amount on Form 990, Part X, line 10. Inganization and line arrangement in Part XIV. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Inganization and amount on Form 990, Part X, line 10. Ingani	5	-				lar assets		
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18 Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment 188, 437. 0. 188.	tutions strent tearnings, gains, and losses or scholarships expenditures for facilities grams strative expenses year balance 186,275. the estimated percentage of the year end balance held as: lesignated or quasi-endowment ▶ 100.00 % lent endowment ▶ % re endowment funds not in the possession of the organization that are held and administered for the organization leated organizations to 3a(ii), are the related organizations listed as required on Schedule R? e in Part XIV the intended uses of the organization's endowment funds. Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 183, 437. 0. 194, 211. 9, 799.	Par	t V Endowment Funds. Complete i						
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b Buildings	ent 24,010. 14,211. 9,799.	b							
c Leasehold improvements		C		.		14 010	14 01		<u></u>
	100 040 20 204 44 = 44		• • • • • • • • • • • • • • • • • • • •						<u>, 799 </u>
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Schedule D (Form 990) 2009

(including name of security) Cost or end-of Financial derivatives Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13.	od of valuation: f-year market value
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Part IX Other Assets. See Form 990 Part X line 15	
(a) Description	(b) Book value
	(2) 2000 12.00
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Amount	
Federal income taxes	
COMPENSATED ABSENCES 22,814.	
	•
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that repo	

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 FOUNDATION, INC.			<u>23-7</u>	<u>7389749</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stat	ement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		4,117	<u>,777.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2		3,655	,048.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			,729.
4	Net unrealized gains (losses) on investments		4			,941.
5	Donated services and use of facilities		5			<u>,</u>
6	Investment expenses		6			
7	Prior penod adjustments		7			
8	Other (Describe in Part XIV.)		8		5	,129.
9	Total adjustments (net). Add lines 4 through 8		9			,070.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			799.
	t XII Reconciliation of Revenue per Audited Financial Statemer			Return		<u>, , , , , .</u>
	Total revenue, gains, and other support per audited financial statements		The terminal per	1	4,247	107
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		3,241	, 107.
2		10-1	107,941			
a	Net unrealized gains on investments .	2a	24,150			
b	Donated services and use of facilities	2b	24,150	•		
С	Recoveries of prior year grants	2c	0 710	┥.		
d	Other (Describe in Part XIV)	_2d	2,719	7 1	124	010
е	Add lines 2a through 2d		• •	2e	134	<u>,810.</u>
3	Subtract line 2e from line 1			3	4,112	<u>, 297.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,480	• 		
b	Other (Describe in Part XIV.)	_4b_		_] .]		
С	Add lines 4a and 4b			4c	5	<u>,480.</u>
_ 5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,117	<u>,777.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses pe	r Retu		
1	Total expenses and losses per audited financial statements .			1	3,673	<u>,718.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1. 1		
а	Donated services and use of facilities	2a	<u>24,150</u>	<u>.</u> .		
b	Prior year adjustments	2b				
С	Other losses	2c		_] : +		
d	Other (Describe in Part XIV)	2d		1		
е	Add lines 2a through 2d			2e	24	,150.
3	Subtract line 2e from line 1			3	3,649	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,480	.		
b	Other (Describe in Part XIV)	4b] ,		
c	Add lines 4a and 4b			4c	5	,480.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• ••		5	3,655	
Pa	t XIV Supplemental Information	<u> </u>				7
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	Llines 1a	and 4: Part IV lines	1h and 2	2h: Part V line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					.,
	RT V, LINE 4: AGREEMENT WITH DONOR FOR THE					
				<u></u>		
TIG	ANDA					
<u> </u>						
CEI	NERAL CASH RESERVES					
9111	ADIGID CADII KUDUKADO				<u>.</u>	
						
יים	OM VI IINE O OMITED ANTICONOMIC					
۲A	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
FO.	REIGN EXCHANGE GAIN (LOSS): 5129.					
					_	

INTERNATIONAL WILDERNESS LEADERSHIP 23-7389749 Page 5 Schedule D (Form 990) 2009 FOUNDATION, INC. Part XIV Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: FOREIGN EXCHANGE GAIN: 0. LOSS ON DISPOSITION OF EQUIPMENT: 2719.

Schedule F (Form 990).

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
INTERNATIONAL WILDERNESS LEADERSHIP

Employer identification number

FOUNDATION, INC. 23-7389749 General Information on Activities Outside the United States. Complete if the organization answered "Yes" Part I to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the Yes X No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region INNOVATE NEW APPROACHES TO CONSERVATION NEEDS GRANTS TO RECIPIENTS AND WORK WITH LOCAL LOCATED IN REGION COMMUNITIES TO DEVELOP 724,360. SUB-SAHARAN AFRICA

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

Schedule F (Form 990) 2009

724 360.

FOUNDATION,

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II

Page 2

23-7389749

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance ö Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of (e) Amount of cash grant 23, 147, 224445 406988 18,812 10,665 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter EDUCATION, TRAINING, EDUCATION, TRAINING, (d) Purpose of grant PRESERVATION EDUCATION OUTREACH UTREACH UTREACH Use Schedule F-1 (Form 990) if additional space is needed. PORT ELIZABETH, MAUN BOTSWANA (c) Region SOUTH AFRICA SAMAKO, MALI SOTSWANA Enter total number of other organizations or entities JGANDA (b) IRS code section and EIN (if applicable) (a) Name of organization က N

Schedule F (Form 990) 2009

Page 3

23-7389749

FOUNDATION, INC.

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

OSE OCHEQUIE 1-1 (FOILL 330) II AUGINOLIAI SPACE IS LIE	וו מחתונותו ומו אחמכב וא ווב	eded.					
(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
велевансн	PRETORIA, SOUTH AFRICA	н	5 678.		0		
RESEARCH	MOPTI, MALI	1	16,295,		0		

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 FOUNDATION, INC. 23-7389749 Page 4 Part IV Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information.
SCHEDULE F, PART I, LINE 2: REPORTS ARE REQUIRED NO LESS THAN 1 PER YEAR,
PREFERABLY TWO TIMES WITH FULL FINANCIAL REPORTING AND INLCUDE VISUAL AND
WRITTEN DOCUMENTATION.
SCHEDULE F, PART I, LINE 3: CASH DISBURSEMENTS METHOD.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: INNOVATE NEW APPROACHES TO
CONSERVATION NEEDS AND WORK WITH LOCAL COMMUNITIES TO DEVELOP SUSTAINABLE
SOLUTIONS TO WILDERNESS PRESERVATION.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

FOUNDA'	<u>rion, inc.</u>					23-7389	749
Part I Fundraising Activities required to complete this pa		ganization answe	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	flers are not
 1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b if "Yes," list the ten highest paid incompensated at least \$5,000 by the 	or oral agreement wi Part VII) or entity in co dividuals or entities (f	e Solicitat f Solicitat g X Special th any individual onnection with p	on of on of fundra (includerofess	non-g gover using ding o nonal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name of individual or entity (fundraiser)	(ii) Act	ivity	(iii) fundr have co or con contribution	Did aiser istody trol of itions?	(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
	MARKETING	ΔND	Yes	No			
ITALIA FEDERICI	PROMOTIONA			X	0.	30,000.	-30,000.
LIADIA FEDERICI	MARKETING					30,000.	-30,000.
SANDY YOUNG	PROMOTIONA			Х	0.	18,157.	-18,157.
Total .						48,157.	-48,157.
3 List all states in which the organizat AL, AK, AZ, AR, CA, CO, CT MT, NE, NV, NH, NJ, NM, NY	,DE,FL,GA,F	HI, ID, IL,	IN,	IA,	KS, KY, LA, M	empt from registrati	on or licensing.

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

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, 23-7389749 Page 2 Schedule G (Form 990 or 990-EZ) 2009 INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, Ine 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events LOCUST HILL NONE (add col (a) through GALA col. (c)) (total number) (event type) (event type) Revenue 155,880. 155,880. Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) 155,880. 155,880. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 86,464. 86,464. Other direct expenses 86,464) 10 Direct expense summary. Add lines 4 through 9 in column (d) 69,416. 11 Net income summary. Combine line 3, column (d), and line 10 Part III: Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, ine 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers?

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?

11

13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Addre	<u>Sch</u>	edule G (Form 990 or 990-EZ) 2009 FOUNDATION, INC. 23 -	<u>7389</u>	74	9 Pa	age 3
a The organization's facility b An outside facility 13a						
b An outside facility 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? b If *Yes,* enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
b An outside facility 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? b If *Yes,* enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	a	The organization's facility	%			
Name ►	t	An outside facility 13b	%			
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		i		
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		Name				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Address ►				
of gaming revenue retained by the third party c If "Yes," enter name and address of the third party: Name Address Address Gaming manager information: Name Gaming manager compensation \$	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	<u>15a</u>		
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	t					
Name ▶				* -	ra.	
Address	C	s If "Yes," enter name and address of the third party:	1			
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Name				
Name ▶		Address		-		
Gaming manager compensation \$ Description of services provided Director/officer	16	Gaming manager information:				
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 garning proceeds to retain the state garning license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Name				
Director/officer		Gaming manager compensation ▶ \$				
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the garning proceeds to retain the state garning license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				- 5		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		☐ Director/officer ☐ Employee ☐ Independent contractor				
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	17	Mandatory distributions:				
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		retain the state gaming license?		17a		
	b					
- Samuel of the state of the st		organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULEI (Form 990) Department of the Treasury nternal Revenue Service

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

OMB No 1545-0047 2009

Open to Public

Inspection:

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

2 Employer identification number 23-7389749 (h) Purpose of grant EDUCATION or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SDUCATION FRAINING, SDUCATION OUTREACH RESEARCH DUTREACH OUTREACH 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 non-cash assistance (g) Description of (f) Method of valuation (book, EMV, appraisal, other) Ö c o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 285,082 750 5,000 5,000 498 (d) Amount of 5,648 cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INTERNATIONAL WILDERNESS LEADERSHIP 23 (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501c3 501C3 Part I. General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? .. FOUNDATION, Enter total number of other organizations 1 (a) Name and address of organization PIEDMONT ENVIRONMENTAL COUNCIL CARLTON WARD PHOTOGRAPHY LLC 501 SILVERSIDE RD, SUITE 123 JAMES BALOG PHOTOGRAPHY LLC EARTH UNIVERSITY FOUNDATION FRIENDS OF THE PEACE PARKS PLANET HERITAGE FOUNDATION 520 EAST DAVIS BOULEVARD or government 3525 PIEDMONT ROAD NE WILMINGTON, DE 19809 Name of the organization 262 BRISTLECONE WAY VA 20186 BOULDER, CO 80304 BOULDER, CO 80308 ATLANTA, GA 30305 TAMPA, FL 33606 P.O. BOX 20527 45 HORNER ST WARRENTON Partilly N က

932101 02-02-10

Schedule I (Form 990) 2009

Page 2

23-7389749

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. FOUNDATION, INC. Schedule I (Form 990) 2009 Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) *Part IVA Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: FINANCIALS REQUIRED NO LESS THAN ONCE A YEAR. FINANCIALS INCLUDE FULL REPORTING AND VISUAL AND WRITTEN DOCUMENTATION (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients SITE INSPECTION ONCE A YEAR MINIMUM. (a) Type of grant or assistance

Schedule I (Form 990) 2009

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance **Employer identification number** Inspection 23-7389749 UTREACH (g) Description of non-cash assistance हिवासीम् Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) ٥. (e) Amount of non-cash assistance (d) Amount of cash grant 7,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INTERNATIONAL WILDERNESS LEADERSHIP (c) IRC section if applicable 501C3 (p) EIN FOUNDATION, (a) Name and address of organization or government RESOURCES FIRST FOUNDATION Name of the organization YARMOUTH, ME 04096 Department of the Treasury Internal Revenue Service SCHEDULE I-1 189 MAIN ST (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

INTERNATIONAL WILDERNESS LEADERSHIP

FOUNDATION, INC.

Employer identification number

23-7389749

Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1q revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 20,240. COMPARABLE SALES X Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 5,750. Other > (SCHOLARSHIPS Х 25 (OFFICE SUPPLI) X 2,036. COMPARABLE SALES Other > 26 Other > 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? \mathbf{X}_{-} 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number 23 – 7389749

Form 8868 (Rev. 4-2009) Page 2									
■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868									
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Automatic 3-Month Extension, complete only Part I (on page 1).									
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)									
Type or	Name of Exempt Organization	Employer identification number							
print	INTERNATIONAL WILDERNESS LEADERSHIP			500054	•				
File by the	FOUNDATION, INC.	24.34		<u>-738974</u>	9				
extended due date for filing the	Number, street, and room or suite no. If a P.O. box, see instructions. 717 POPLAR AVENUE	For IRS	For IRS use only						
return See instructions	See City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80304								
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069									
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension of	n a previous	ly filed F	orm 8868.					
THE ORGANIZATION • The books are in the care of 717 POPLAR AVENUE - BOULDER, CO 80304									
Telephone No. ► 303-442-8811 FAX No. ►									
If the organization does not have an office or place of business in the United States, check this box									
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)								
box ► Ire	. If it is for part of the group, check this box and attach a list with the names an	d EINs of all r	nembers	the extension	n is for				
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.								
	For calendar year 2009, or other tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period								
	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension								
	ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN								
8a If th	ns application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less :	any							
nor	prefundable credits. See instructions.		8a \$						
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti	mated							
tax	payments made. Include any prior year overpayment allowed as a credit and any amount pa								
pre	eviously with Form 8868.	8b \$							
c Bal	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required,	deposit			N/A				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$									
	Signature and Verification								
Under pen it is true, c	alties of perjury, I declare that I have examined this form, including accompanying schedules and stateme orrect, and complete, and that I arp-authorized to prepare this form.	nts, and to the	best of m	y knowledge a	nd belief,				
Signature	► a Sun Kl Title ► CPA		Date 📐	219/10					
					8 (Rev 4-2009)				