



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Please use IRS label or print or type. See Specific Instructions.
WYLAND FOUNDATION
5 COLUMBIA
ALISO VIEJO, CA 92656

D Employer identification number: **33-0543876**

E Telephone number: **949-643-7070**

F Group Exemption Number: _____

G Accounting method: Cash Accrual
Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.WYLANDFOUNDATION.ORG

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **468,185.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1	Contributions, gifts, grants, and similar amounts received	1	157,874.
2	Program service revenue including government fees and contracts	2	201,815.
3	Membership dues and assessments	3	
4	Investment income	4	1.
5a	Gross amount from sale of assets other than inventory		
5b	Less: cost or other basis and sales expenses		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	108,495.
6b	Less: direct expenses other than fundraising expenses	6b	30,715.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	77,780.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	437,470.
10	Grants and similar amounts paid (attach schedule) <u>SEE STATEMENT 1</u>	10	5,100.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	89,699.
13	Professional fees and other payments to independent contractors	13	1,440.
14	Occupancy, rent, utilities, and maintenance	14	14,425.
15	Printing, publications, postage, and shipping	15	17,444.
16	Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	222,575.
17	Total expenses. Add lines 10 through 16	17	350,683.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	86,787.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-568,355.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-481,568.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,275.	22 align="right">101,307.
23 Land and buildings		23
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	398,780.	24 align="right">23,716.
25 Total assets	527,055.	25 align="right">125,023.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	1,095,410.	26 align="right">606,591.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-568,355.	27 align="right">-481,568.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

69 10

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? SEE STATEMENT 5			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 6		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	274,397.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	274,397.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
WYLAND 5 COLUMBIA ALISO VIEJO, CA 92656	PRESIDENT 40.00	0.	0.	0.
JOE CARRUTH 5 COLUMBIA ALISO VIEJO, CA 92656	SECRETARY 1.00	0.	0.	0.
CARLTON LUND 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.
DARLENE WYLAND 5 COLUMBIA ALISO VIEJO, CA 92656	DIR OF FINANCE 10.00	0.	0.	0.
ED BUSHOR 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.
JEFF HORNACEK 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.
ANGELA NEEDHAM 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.
DAN STETSON 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.
RON BASS 5 COLUMBIA ALISO VIEJO, CA 92656	TREASURER 1.00	0.	0.	0.
TOM KLINGENMEIER 5 COLUMBIA ALISO VIEJO, CA 92656	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 7**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. SEE STATEMENT 8		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	X	
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 159,120.		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9. N/A		
39b	Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The organization's books are in care of ▶ ANNE MANDICHAK Telephone no. ▶ 949-643-7070
 Located at ▶ 5 COLUMBIA ALISO VIEJO CA ZIP + 4 ▶ 92656

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

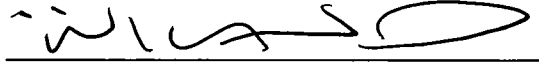
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		


d Total number of other independent contractors each receiving over \$100,000 ▶

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

Sign Here

Signature of officer  Date 11-11-10
 Type or print name and title WYLAND

Paid Preparer's Use Only

Preparer's signature  Date 11/10/10 Check if self-employed Preparer's Identifying Number (See instructions) N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4 DIEHL, EVANS & COMPANY, LLP 5 CORPORATE PARK, SUITE 100 IRVINE, CA 92606-5165 EIN N/A Phone no 949-399-0600

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

BAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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 'unusual grants'.)	587,801.	556,040.	920,792.	367,967.	157,874.	2,590,474.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	587,801.	556,040.	920,792.	367,967.	157,874.	2,590,474.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						955,780.
6 Public support. Subtract line 5 from line 4						1,634,694.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	587,801.	556,040.	920,792.	367,967.	157,874.	2,590,474.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	485.	644.	408.	88.	1.	1,626.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						2,592,100.
12 Gross receipts from related activities, etc. (see instructions)					12	824,409.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	54.2 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr 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 lns 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))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II 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, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		ENDLESS SUMMER (event type)	CARLSBAD CHAMB (event type)	(total number)	(Add col. (a) through col. (c))	
REVENUE	1	Gross receipts	65,627.	9,482.	33,386.	108,495.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	65,627.	9,482.	33,386.	108,495.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	2,415.			2,415.
	8	Entertainment				
	9	Other direct expenses	23,763.	2,441.	2,096.	28,300.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				30,715.
	11	Net income summary. Combine lines 3, column (d) and line 10				77,780.

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, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(Add col. (a) through col. (c))				
REVENUE	1	Gross revenue				
	EXPENSES	2	Cash prizes			
		3	Non-cash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %		
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine lines 1, column (d) and line 7...					

9 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? _____

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ _____			
Address: ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? .	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address of the third party:			
Name: ▶ _____			
Address: ▶ _____			
16 Gaming manager information			
Name: ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: **WYLAND FOUNDATION** Employer identification number: **33-0543876**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
WYLAND - LOAN FOR EXPENSES	X		160,000.	159,120.		X	X			X
Total				▶ \$ 159,120.						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return
WYLAND FOUNDATION

Identifying number
33-0543876

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,011.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,011.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

CLIENT 97537

WYLAND FOUNDATION

33-0543876

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	GUY SNELL	
CASH AMOUNT GIVEN:		\$ 5,000.

CLASS OF ACTIVITY:	TO FURTHER EXEMPT CAUSE	
DONEE'S NAME:	ACADEMY OF UNDERWATER ARTS & SCIENCES	
DONEE'S ADDRESS:	715 KIMBALL AVE. SANTA BARBARA, CA 93103	
CASH AMOUNT GIVEN:		\$ 100.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	655.
COMMUNITY RELATIONS		2,725.
CONFERENCES, CONVENTIONS, AND MEETINGS		45.
CREDIT CARD SERVICES		2,328.
DEPRECIATION		2,011.
DUES & SUBSCRIPTIONS		134.
EDUCATION AND TRAINING		490.
EQUIPMENT LEASE		78,260.
INSURANCE		6,410.
INTEREST		639.
MEALS		248.
MEMBERSHIP FULFILLMENT		4,596.
OUTSIDE SERVICES		35,735.
REPAIRS AND MAINTENANCE		10,780.
SUPPLIES		36,413.
TAXES AND LICENSES		85.
TELEPHONE		3,852.
TRAVEL		37,169.
TOTAL	\$	222,575.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
DEPOSITS	\$ 15,840.	\$ 15,840.
MACHINERY AND EQUIPMENT	2,975.	964.
PLEDGES AND GRANTS RECEIVABLE	378,849.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	1,116.	6,912.
TOTAL	\$ 398,780.	\$ 23,716.

CLIENT 97537

WYLAND FOUNDATION

33-0543876

**STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 314,029.	\$ 117,440.
OTHER PAYABLES	621,381.	330,031.
PAYABLE TO OFFICERS, DIRECTORS, ETC.	160,000.	159,120.
TOTAL	<u>\$ 1,095,410.</u>	<u>\$ 606,591.</u>

**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE WYLAND FOUNDATION IS DEDICATED TO PROMOTING, PROTECTING, AND PRESERVING THE WORLD'S OCEANS, WATERWAYS, AND MARINE LIFE. THE FOUNDATION ENCOURAGES ENVIRONMENTAL AWARENESS AND INVOLVEMENT THROUGH ARTS, SCIENCES, AND CLASSROOM AND EDUCATIONAL OUTREACH PROGRAMS.

**STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

IN 2009, THE WYLAND FOUNDATION EDUCATED MORE THAN 100,000 STUDENTS AND THEIR FAMILIES ABOUT CLEAN WATER AND THE PROTECTION OF OUR AQUATIC HABITS AND RESOURCES THROUGH CLASSROOM EDUCATION AND COMMUNITY OUTREACH PROGRAMS. THE CLEAN WATER MOBILE LEARNING CENTER TRAVELED TO SCHOOLS AND COMMUNITY EVENTS ACROSS THE NATION TO GIVE STUDENTS A BETTER UNDERSTANDING OF WATERSHEDS, WATER MANAGEMENT, AND THE DIRECT IMPACT THAT EACH PERSON HAS ON THE HEALTH OF AQUATIC ECOSYSTEMS. CONCURRENTLY, TO RAISE AWARENESS ABOUT EARTH DAY AND CURRENT ISSUES FACING OUR PLANET, WYLAND AND THE WYLAND FOUNDATION CREATED THE "LARGEST PAINTING OF EARTH ON EARTH" ATOP THE LONG BEACH CONVENTION CENTER IN SOUTHERN CALIFORNIA IN APRIL 2009. THE FOUNDATION ALSO HELD AN ENVIRONMENTAL MURAL CONTEST FOR NEW YORK CITY MIDDLE SCHOOLS TO ENGAGE STUDENTS IN ENVIRONMENTAL STUDIES IN A NON-TRADITIONAL WAY. THE WYLAND FOUNDATION PROVIDED EDUCATIONAL MATERIALS AND ALL NEEDED SUPPLIES IN SUPPORT OF THE CONTEST. IN JUNE 2009, IN PARTNERSHIP WITH THE U.S. FOREST SERVICE AND THE NATIONAL OCEANOGRAPHIC AND ATMOSPHERE ADMINISTRATION (NOAA), THE WYLAND FOUNDATION LAUNCHED THE FOCUS: FORESTS, OCEANS, CLIMATE AND US PROGRAM IN WASHINGTON, DC. FOCUS IS A NATIONWIDE CAMPAIGN THAT USES ART AND SCIENCE TO TEACH YOUNG PEOPLE ABOUT OUR FORESTS AND OCEANS - AND HOW THESE TWO IRREPLACEABLE RESOURCES HOLD THE KEY TO THE FUTURE OF OUR WATER SUPPLIES, CLIMATE AND GLOBAL HEALTH. THE WYLAND FOUNDATION ALSO LAUNCHED THE WYLAND LIVING GREEN FAIR TO ENCOURAGE RESIDENTS OF SOUTH FLORIDA TO BE MORE ACTIVELY INVOLVED IN THE CONSERVATION OF WATER RESOURCES AND OUR ENVIRONMENT AS A WHOLE. THROUGH AN ONLINE WATER PLEDGE DRIVE TO SAVE WATER, SOUTH FLORIDA RESIDENTS PLEDGED TO REDUCE THEIR WATER USAGE BY MORE THAN 31,000,000 GALLONS OF WATER OVER THE NEXT YEAR. THE WYLAND FOUNDATION PARTICIPATED IN NUMEROUS OTHER NATIONWIDE EVENTS THROUGHOUT 2009 TO EDUCATE THE PUBLIC ABOUT WATER ISSUES IN THEIR REGION.

**STATEMENT 7
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

**STATEMENT 8
FORM 990-EZ, PART V, LINE 35
REASON FOR INCOME NOT REPORTED ON FORM 990-T**

AMOUNTS REPORTED ON LINES 2 AND 6A ARE NOT REPORTED ON FORM 990-T BECAUSE THE REVENUE IS NOT FROM ACTIVITIES THAT ARE TRADES OR BUSINESSES THAT ARE REGULARLY CARRIED ON AND IS FROM ACTIVITIES SUBSTANTIALLY RELATED TO THE ORGANIZATIONS EXEMPT PURPOSE.

2009

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 97537

WYLAND FOUNDATION

33-0543876

OTHER INFORMATION:

DURING 2009, THE FOUNDATION RECEIVED DONATED SERVICES VALUED AT \$7,500 AND FREE USE OF PROPERTY VALUED AT \$71,000. PER THE INSTRUCTIONS TO FORM 990-EZ, THE VALUE OF THESE DONATED SERVICES AND FREE USE OF PROPERTY IS NOT INCLUDED AS CONTRIBUTION REVENUE ON PAGE 1 OF THIS RETURN.