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FNAWS Form

Department of the Treasury

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

OMB No 1545-0047 2009 Open to Public

	nai i tovenae e	CIVIOC		THE Organization in			py or and				g requi	Citicita.	
<u>A</u>	For the 2009	calendar y	ear, or tax	year beginning	07/01/0)9	, and endi	ոց 06	/30/1	<u>.0</u>			
B (Check if applicable		C Name of	•								D Empl	oyer identification number
	Address change	use IRS label or		Four	ndation f	or I	N.A. W	ild Sh	еер				
\Box	Name change	print or	Doing Bu	siness As Wild	d Sheep E	oun	dation					42-	-1109229
\equiv	ŭ	type.	Number a	and street (or PO box if n	nail is not delivered	to street	address)	•		Room/suit	е	E Telep	hone number
닏	Initial return	See	720	Allen Aven	ue							307	7-527-6261
	Termination	Specific Instruc-	City or t	own, state or country	, and ZIP + 4							G Gross rec	ceipts 5,206,231
\Box	Amended return	tions.	Cody	-		WY	82414	1			ı		
\exists	Analisation nandu	. F Name	e and addre	ss of principal officer	i							H(a) Is this	s a group return for
Ш	Application pendi	ny i		Thornton								affilia	
			_	en Avenue								H(b) Are a	Il affiliates Yes No
		Co				wy	82414						o," attach a list (see instructions)
	Tax-exempt st		501(c)	(3) ◀ (inser		47(a)(1		527				110	, amona isi (see iisaacaans)
÷	Website: ▶			Eoundation		77(2)(1	701	321				H/c) Groun	p exemption number > NA
	Type of organizat			Trust Associati		<u> </u>				Year of forma	1	978	M State of legal domicile WY
-		Summai		Trust Associati	ion Other					Tear or lumin	10011 -	<i>5</i>	M State of regal domicile W 1
<u> </u>				zation's mission or	most signifies	nt not	ivition						
				education a				ina to	-11				
Ç					ing resea	ren	rerac	ing co	all				
nan	sp	ecles (OI MIT	d sheep									
/eri			<u>.</u>										
ő	1			e organization disc			•	osed of m	ore than 2	25% of its	net ass	1 1	
රේ	1	_	-	s of the governing	• •		-					3	11
Activities & Governance	1	•		ting members of the	ne governing b	ody (F	Part VI, lın	e 1b)				4	11
₹	5 Total	number of	employee	s (Part V, line 2a)								5	10
Act	6 Total	number of	volunteers	(estimate if neces	ssary)							6	
	7a Total	gross unrel	lated busir	ness revenue from	Part VIII, colu	ımn (C	;), line 12					7a	
	b Net ur	nrelated bu	siness tax	able income from	Form 990-T, I	ne 34						7b	0
			_								Prior Yea		Current Year
ě	1		_ :	Part VIII, line 1h)							эт	898	379,288
Revenue	_		-	Part VIII, line 2g)									450 000
ě	· · · · · · · · · · · · · · · · · · ·									8,882			
_	1									$\overline{}$		2,883	
_				3 through 11 (mus			ımn (A), lı	ne 12)		, 		1,899	
				s pape (Pant ()) to						2	,140	5,333	2,337,949
	14 Benef	fits paid to	or for men	nbers (Part IX, colu	umn (A), line 4)। श				<u> </u>			
S	15 Saları									<u>50:</u>	1,651	548,081	
nses	16a Protes	ssional fund	draising fe	es Part X, colum	n-(A), line 1 le)							
Expe	b Total	fundraising	expenses	(Part IX, column	(D), line 25) >	•		28,74	2		7 - 5 000.		第二条一件 2000 2000 1000 000
ω	17 Other	expenses	(Part IX, c	olumn (A), lines 1	1a-11d, 11f-2	4f)				<u> </u>	444	1,918	580,143
	18 Total	expenses.	Add lines	13-17 (must equa	l Part IX, colu	mn (A)), line 25)			3	, 092	2,902	3,466,173
	19 Rever	nue less ex	penses S	ubtract line 18 from	m line 12						-348	3,003	-219,919
200	3											rent Year	End of Year
Sets	20 Total	assets (Pa	rt X, line 1	6)						7		7,415	
Net Assets or	21 Total	liabilities (F	Part X, line	26)								4,323	
Ž	22 Net a	ssets or fur	nd balance	es Subtract line 21	from line 20				_	<u> </u>	, 853	3,092	7,276,824
F	Part II	Signatu	re Bloc	₹/ <u>/</u>		_							
:		Under penal	lties of perju	in declare that I have	ve examined the	return	, including a	iccompanyii	ng schedule	s and state	ments, a	ind to the be	est of my knowledge s any kn o wledg é
•		and belief, it	t is true (con	rect, and complete D	eclaration of the	parer (d	other than o	fficer) is bas	sed on all in	formation o	of which p	oreparer has	s any knowledge
Sig	gn	\	X	1//									(/)
He	re	Signatu	re of office									Date	
- -		Gr	ay N	Thornton	ב				Presi	ident	/CEC)	(
9		Type or	r print name	and title									
_		Droposede	_	h . 2	Del				Date		Check	ıf	Preparer's identifying number
Ş₽a		Preparer's signature	.Te	nes W. Reil	- 1					4/10	self- employ		(see instructions) P00654585
3Pr	eparer's		, 04	James F		CPA	A, PC		1 55/2	/	employ		► 83-0280959
	e Only	Firm's name		PO Box		UF S	., 20					EIN	
		if self-emplo address, an		Cody, W		1.4						Phone	• ▶ 307-587-6256
1.4-	v the IDC di-				 		iotions)			-		no	
_				the preparer show duction Act Notic				ne -		 -	-		Yes No
DA		. and Pape	HUIR RE	addion Act Notic	e, see uie 5ej	or alt	man ucul	/II 3 .					Form 330 (2009)

Form 990 (2009) Foundation for N.A. Wild Sheep

42-1109229

Page 2

FF 4 85 4	A	
Dart IV.	Charliet at Daguirad Schadulac	
railly '	Checklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	_4_		<u> </u>
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	13.	200	×
	Schedule D, Part VI		X	34 (4)
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		. 73	e are ar
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	13 Ac.		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	the set		7.44
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related 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.			2
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4	,	
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 3 75		
12	Schedule D, Parts XI, XII, and XIII.	12	170	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	1	- X X
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	23A)	in the	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		(0000)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		I	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	_23		<u> </u>
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 Schedule K. If "No," go to line 25	24a		<u>x</u>
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	ا م		
ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
u 25a		24d		
234	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		x
b		25a	-	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		ĺ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	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 Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3.00	* * * * * * * * * * * * * * * * * * *	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		到	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	` '	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 1	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
0.5	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
20	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	
	Part VI	37	ŀ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		
J	19? Note . All Form 990 filers are required to complete Schedule O.	38	ŀ	x
			aan	

	990 (2009) Foundation for N.A. Wild Sheep 42-1109	229			P	Page 5
Pa	rt V : Statements Regarding Other IRS Filings and Tax Compliance					,
				<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			9.7	3	*
	U S. Information Returns. Enter -0- if not applicable	1a	10		10 1	, "
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0		\$ 16	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portab	le	ــ نـــا	<u> </u>	
	gaming (gambling) winnings to prize winners?	r	i	1c	X	ļ.,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1.0	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	K.C.	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	10			أخسنا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			i,		***
_	instructions)					ĺ ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by				
_	this return?			3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	41		3b_		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financials)	nanciai		4.5		x
	account)?			4a	N#K 1	<u> </u>
b	If "Yes," enter the name of the foreign country	Dook				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Dank		1 2 4		
	and Financial Accounts.			եմ.Ձ 5a	14.2%	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg			50	 	
С		arumy		5c		
6 -	Prohibited Tax Shelter Transaction?	ho		30	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible?	iic		6a	İ	x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions	one or		Oa		1
b	·	0115 01		6b		1
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				Á	1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	ahonn			(a)	
а	and services provided to the payor?	goods		38 7a	. jež . 7396	
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 w	as		<u> </u>		
·	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	****	187.7	17.
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				E *	
•	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
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		
8	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			- ma .mg.		L
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				· · · · · · · · · · · · · · · · · · ·	
а	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		
10	Section 501(c)(7) organizations. Enter			٠٠.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1 .
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				`,
11	Section 501(c)(12) organizations. Enter.			3.4	500	8.1
а	Gross income from members or shareholders	11a			**	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				الله الله الله الله الله الله الله الله
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			3 45	2 Tables -

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.

Sec	tion A. Governing Body and Management			
	ton 72 Governing Body and management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 11	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	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 the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		v
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 could give	401		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150		X
a b	Other officers or key employees of the organization	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a	-	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.02		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ James Reilly, CPA, P.C. PO Box 2528			
C	ody WV 92414 3	07-58	7 - 6	256

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

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

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

(A) Name and Title	(B) Average	(C) Position (check all that apply						(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee		Key employee		Formor	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Dan Boone	F 00	Ī.,					T					
Chairman Alan Young	5.00	X		X		 	+	0	0			
Vice Chair	F 00	x		x						_		
Jack Atcheson, J	5.00	<u> </u>		A	-	++-	+	0	0	0		
Secretary	5.00	x		x				o	0			
Ron Carey	3.00	^		^	-	\vdash	+		0	<u>_</u>		
Director	5.00	\mathbf{x}						o	o	o		
Ben Carter	3.00	 ^		\vdash			+					
Director	5.00	x			<u> </u>		-	o	0	o		
Chuck LaMar	3.00	╧	_				+			<u> </u>		
Director	5.00	x					1	o	0	O		
Russell Young		 		\vdash		++	7					
Director	5.00	x					i	0	0	O		
Kyle Meintzer		 				1	┪					
Director	5.00	x						0	0	O		
Chuck Middleton							┪					
Director	5.00	x					1	0	0	O		
Ken Nowicki												
Director	5.00	X						0	0	C		
Lou Rupp							T					
Director	5.00	X					\perp	0	0			
							T	-				
		 		-		 	+					
		<u> </u>	_	L	ļ	↓	\downarrow					
	ł											
			\vdash			-	7	···	· · · · · · · · · · · · · · · · · · ·			
		1	_	 		\vdash	4					
							- 1			·		

_	rt VII		Directors True					V000		nd Highest Compensated					age c
Га		(A) '	(B)			((C)			(D)	(E)		(F)		
	Nar	ne and Title	Average hours per week	Individual trustee or director		Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	CC C	Estima amour other ompen from organizand rel rganiza	nt of er sation the ation ated	
		-													
			•												
			<u> </u>												
					-									<u> </u>	
			1											-	
			1												
				_		_									
				-										_	
1b	Total		•												
2		mber of individuals (in le compensation from	-			thos	e lis	ted a	bov	re) who received more than	\$100,000 in				
3						nioto	o k	014 01	male	byee, or highest compensa	tod			Yes	No
4	employe	e on line 1a? If "Yes,"	complete Sched	dule	J for	suc	h ind	lividu	ıal	on and other compensation		ľ	3		X
•	the organ	nization and related o	rganizations grea	ater	han	\$15	00,0	0? If	"Ye	s," complete Schedule J fo	r such		4	,	x
5	services	rendered to the organ	nization? If "Yes,							ny unrelated organization fo such person	or	-	5		X
<u>Sec</u>	Complet	dependent Contracte e this table for your five	ve highest comp	ensa	ted ı	ndep	end	ent d	cont	ractors that received more	than \$100,000 of				
	compens	sation from the organi Name and	(A) business address						Γ	Descrit	(B) blon of services	$\overline{}$	Co	(C) mpensa	lion
														<u> </u>	
2		mber of independent on \$100,000 in compe						ed to	tho	se listed above) who receiv	ved		0		

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	1a				70101100		312, 310, 01 314
an	b	Membership dues	1b		184,062				
gE.	c	Fundraising events	1c		,				
af a	d	Related organizations	1d						
S,E	_	Government grants (contributions)	1e						
io i	f	All other contributions, gifts, grants,					-		, ,
돌	•	and similar amounts not included above	1f		195,226				ļ
들음	g	Noncash contributions included in lines 1a-		\$					
a S	h			•	•	379,288			
Program Service Revenue Contributions, gifts, grants		1010111100110011011			Busn. Code		***		
lue/	2a								- · · · · · · · · · · · · · · · · · · ·
Re	b						_		··· ··· ··· ··· ··· ··· ··· ··· ···
<u>8</u> .	6							-	
ě	d						_		
Ē	e								
E B	f	All other program service reve	nue						
F	g	Total. Add lines 2a-2f					,	*	
	3	Investment income (including	dıvıder	nds, intere	st, and				
		other similar amounts)			•	158,902	158,902		
	4	Income from investment of tax	-exem	pt bond p	roceeds >				
	5	Royalties			>				
		(ı) Real		(ii) F	ersonal				
	6a	Gross Rents				- ·		, \$,	, !
	b	Less rental exps							
	С	Rental inc or (loss)				and the same of th			
	d	Net rental income or (loss)			>				
	/a	7a Gross amount from sales of assets (II) Securities (III)			Other			N -3	
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)		<u> </u>					
	d		1		•				
ne	8a	Gross income from fundraising eve	nts						1
ē		(not including \$							
Re §		of contributions reported on line 1c)			C3 C C41		;		
Other Reven	١.	See Part IV, line 18	a	_	636,641			•	
ਰੋ		Less: direct expenses	b		959,977	2 676 664			2 676 664
	1	Net income or (loss) from fund Gross income from gaming activitie		events		2,676,664			2,676,664
	3 a	See Part IV, line 19	s a						
	١,	Less: direct expenses	a h						
	ı	Net income or (loss) from garr	~	tivities					
	Į.	Gross sales of inventory, less	g uc						
		returns and allowances	а						
	Ь	Less cost of goods sold	b		-				
		Net income or (loss) from sale	s of in	ventorv	<u> </u>				
	Ť	Miscellaneous Revenue			Busn. Code			·	
	11a	Advertising		•		31,400	31,400		J
	b	-							
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d			>	31,400			
	12	Total Revenue. See instruction	ns.		•	3,246,254	190,302	0	2,676,664

Form 990 (2009)

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 (B), (C), and (D).

	All other organizations must co	omplete column (A) but ar	e not required to comple	te columns (B), (C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		G.,ps.,sco	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	2,337,949	2,337,949		
2	Grants and other assistance to individuals in		2/00//049	····	
•	the U.S. See Part IV, line 22				,
3	Grants and other assistance to governments,	<u> </u>			
•	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				ļ
4	Benefits paid to or for members			····	
5	Compensation of current officers, directors,				<u>_</u>
3	· · · · · · · · · · · · · · · · · · ·				
6	trustees, and key employees				
0	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	100 201		400 201	
7	Other salaries and wages	489,281		489,281	
8	Pension plan contributions (include section 401(k)	22 224		22 204	
_	and section 403(b) employer contributions)	23,324		23,324	
9	Other employee benefits	25 476		25 456	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	35,476		35,476	
11	Fees for services (non-employees):				
a	Management	07 650		05.650	
þ	Legal	97,652		97,652	
C	Accounting	38,841		38,841	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u>.</u>
16	Occupancy	8,305	-	8,305	
17	Travel	171,559	_	171,559	
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	23,723		23,723	
23	Insurance				
_					1
24	Other expenses Itemize expenses not		ļ		
	covered above. (Expenses grouped together		j		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	44.406			
a	Advertising and promotion	44,186		44,186	··
þ	Adv & Promo - WSF TV show	31,950		31,950	
C	Insurance - group health	31,446		31,446	
d	Postage and freight	27,882		27,882	
е	Fundraising expense	21,932			21,932
f	All other expenses	82,667		75,857	6,810
25	Total functional expenses. Add lines 1 through 24f	3,466,173	2,337,949	1,099,482	28,742
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				
DAA					Form 990 (2009)

				(A) Beginning of year		(B)
T 4	Oash assistant has a		· · · · · · · · · · · · · · · · · · ·			End of year
1	Cash—non-interest bearing			575,676	_1_	366,288
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			26 667	3	4 45
4	Accounts receivable, net			26,667	4	4,45
5	Receivables from current and former officers, directors,	=		, ,		
1	employees, and highest compensated employees. Com	حميفت	<u></u>			
1 _	Schedule L				5	· · · · · · · · · · · · · · · · · · ·
6	Receivables from other disqualified persons (as defined			* * * * * * * * * * * * * * * * * * * *		
	4958(f)(1)) and persons described in section 4958(c)(3)	(B). Complete				<u></u>
1	Part II of Schedule L				6	
7 8	Notes and loans receivable, net			44 77	7	
8	Inventories for sale or use			41,693	_ 8	37,92
9	Prepaid expenses and deferred charges	1 1			9	
10	Land, buildings, and equipment: cost or				*	
	other basis. Complete Part VI of Schedule D	10a	679,279	· · · · · · · · · · · · · · · · · · ·	^ G	
t	Less: accumulated depreciation	10b	591,584	88,371	10c	87,695
11	Investments—publicly traded securities			6,727,041	11	5,146,50
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11	<u></u>	13			
14	Intangible assets			···	14	
15	Other assets. See Part IV, line 11			137,967	15	2,062,107
16	Total assets. Add lines 1 through 15 (must equal line 3	4)		7,597,415	16	7,704,97
17	Accounts payable and accrued expenses			466,690	17	231,984
18	Grants payable			97,322	18	55,064
19	Deferred revenue			49,590	19	51,924
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
21 22	Payables to current and former officers, directors, truste	ees, key		*		`
	employees, highest compensated employees, and disq	ualified		*		
	persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated thir	d parties			23	
24	Unsecured notes and loans payable to unrelated third p	arties			24	
25	Other liabilities Complete Part X of Schedule D			130,721	25	89,17
26	Total liabilities. Add lines 17 through 25			744,323	26	428,14
	Organizations that follow SFAS 117, check here ▶	K and		· · · · ·		
	complete lines 27 through 29, and lines 33 and 34.	_		<u></u>		**************************************
27	Unrestricted net assets			274,213	27	2,198,042
28	Temporanily restricted net assets				28	
29				6,578,879	29	5,078,782
1	Organizations that do not follow SFAS 117, check he	ere ▶ 🗍		÷ (
	and complete lines 30 through 34.				, i	ŝ
30					30	(A attender - mineral and American Transmission Services and American Services and Amer
31	• • •	nt fund			31	
32					32	
27 28 29 30 31 32 33 34	Total net assets or fund balances			6,853,092	33	7,276,824
34	Total liabilities and net assets/fund balances			7,597,415		7,704,97

Form **990** (2009)

orm	990 (2009) Foundation for N.A. Wild Sheep 42-1109229		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			<u>~</u>
			Yes	No
1	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	X	i
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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		
	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:		3	
	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?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits] _{3b}		ĺ

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Open to Public

OMB No 1545-0047

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lam	e of t	he organizatio		or N.A. Wild Sh	eep					•	entification nu	mber	
P	art I	Reas		Status (All organizations		comple	te this	part.)					
The	orgai			se it is: (For lines 1 through 11,									
1	\bigcap			sociation of churches described		_	-						
2	\sqcap		cribed in section 170(b)(1)(.,,, ,,,,						
3	П			ce organization described in se	ction 170	(b)(1)(A)	iin.						
4	П			d in conjunction with a hospital)(1)(A)(i	ii) Ente	er the h	osnital's nam	۵	
	ш	city, and stat				5551.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SI 410 II	ospital s main	٠,	
5	\Box	•		of a college or university owned	or operat	ed by a o	overnm	ental uni	it descr	ibed in			
			b)(1)(A)(iv). (Complete Part			,	,						
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A	\)(v).						
7		An organizati	on that normally receives a	substantial part of its support fre	om a gove	ernmenta	I unit or	from the	genera	al public	3		
			section 170(b)(1)(A)(vi). (C										
8		A community	trust described in section 1	I70(b)(1)(A)(vi). (Complete Part	: 11.)								
9	X			1) more than 33 1/3 % of its sup		contribut	tions, me	embersh	ip fees	, and gr	oss		
				npt functions—subject to certain						_			
				nd unrelated business taxable in									
				0, 1975. See section 509(a)(2)				•					
10				exclusively to test for public safe			-						
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ons of, o	r to carry	y out the	е			
		purposes of o	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2	2). See	section	1		
				he type of supporting organizati									
		a Type	l b Type II	c Type III-Function	ally integr	ated	d	Тур	e III-O	ther			
е		By checking	this box, I certify that the org	panization is not controlled direc	tly or indi	rectly by	one or m	ore disc	ualified	i			
	_			and other than one or more pul							1		
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of t	he						
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons desci	ibed in (n)				Yes	No
		and (iii)	below, the governing body o	f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ped in (I) above?							11g(ii		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(ii		
h		Provide the t	following information about t	he supported organization(s)									
(i)	Name	of supported	(iı) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) An	ount of	
	org	anization		(described on lines 1–9		sted in your		nization in of your	organizat	tion in col ized in the	sup	port	
				above or IRC section (see instructions))	governing	document?		port?		S ?			
				(000	Yes	No	Yes	No	Yes	No			
								Ì				-	
						ļ	<u> </u>	ļ		ļ			
					ļ	-		<u> </u>	 -				
							1						
					Ĭ	1							

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

	dule A (Form 990 or 990-EZ) 2009 FOU					-1109229	Page 2
****	Support Schedule for O (Complete only if you che)(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
Ca	lendar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4	1.00	·	\$45°,	\$\$°		
Sec	tion B. Total Support					, , , , ,	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			``	`	(1)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV)	:					
11	Total support. Add lines 7 through 10		. 94			. 4	
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, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)	
Sac	organization, check this box and stop her tion C. Computation of Public St		300				•
14	Public support percentage for 2009 (line 6	''		n (f))		14	%
1 4 15	Public support percentage for 2009 (line of Public support percentage from 2008 Sch			11 (1))			
16a	33 1/3 % support test—2009. If the organ	· · · · · · · · · · · · · · · · · · ·		13 and line 14 ie	33 1/3 % or more /	15	%_
IVa	and stop here. The organization qualifies			15, and line 14 is	33 1/3 % OI IIIOIE, (LIECK IIIIS DOX	▶ □
b	33 1/3 % support test—2008. If the organ			Cor 16a, and line 1	15 is 33 1/3 % or m	are chack this	
•	box and stop here. The organization quali			•	13 13 33 1/3 /6 01 111	ore, check this	▶ 🗌
17a	10%-facts-and-circumstances test—200	•			a or 16h and line	14 is 10% or	
	more, and if the organization meets the "fa	_		-	•		
	organization meets the "facts-and-circums		· ·	•	•		. ▶ 🗌
b	10%-facts-and-circumstances test—200		-	• •	• •		. • -
-	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums			•	•		▶ [
18	Private foundation. If the organization did			•			>

Schedule A (Form 990 or 990-EZ) 2009 Foundation for N.A. Wild Sheep 42-1109229 Page 3 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 year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,818,342 538,212 380,249 510,898 379,288 3,626,989 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 41,043 3,805 190,302 235,150 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4,636,641 4,636,641 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,859,385 542,017 6 380,249 510,898 5,206,231 8,498,780 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 18,318 18,318 Add lines 7a and 7b 18,318 18,318 Public support (Subtract line 7c from ·2. line 6) 8,480,462 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 1,859,385 542,017 380,249 510,898 5,206,231 8,498,780 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 413,076 707,994 599,588 186,368 1,907,026 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 413,076 707,994 599,588 186,368 1,907,026 Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly 0 carried on 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.) 2,272,461 1,250,011 979,837 697,266 5,206,231 10,405,806 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 81.50% Public support percentage from 2008 Schedule A, Part III, line 15 16 62.22% 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 18 37 % 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

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

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

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Foundation for N.A. Wild Sheep 42-1109229

Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Name of the organization Employer identification number Foundation for N.A. Wild Sheep 42-1109229 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>Sche</u>		Foundation_				42-11092			Page 2
Pa	rt III . Organization	s Maintaining C	ollections of A	rt, Historic	al Treasures,	or Other Sim	ilar Assets	(continu	ed)
3	Using the organization's ac collection items (check all to		and other records,	check any of th	ne following that a	are a significant us	e of its		
а	Public exhibition		d Lo	an or exchang	e programs				
b	Scholarly research		=	her					
С	Preservation for future	generations				. – – –			
4	Provide a description of the Part XIV.	e organization's collec	tions and explain h	ow they further	the organization	's exempt purpose	e in		
5	During the year, did the org assets to be sold to raise fu	anization solicit or reunds rather than to be	ceive donations of a maintained as par	art, historical tr	easures, or other	similar ?		Yes	☐ No
Pa	rt IV Escrow and	Custodial Arrang	gements. Com	plete if the	organization a	answered "Yes	" to Form 9	990, Part	
	IV, line 9, or r	reported an amo	unt on Form 99	0, Part X, I	ine 21.				
1a	Is the organization an agen	t, trustee, custodian o	or other intermedia	y for contributi	ons or other asse	ts not			_
	included on Form 990, Part	t X?						Yes	No
b	If "Yes," explain the arrange	ement in Part XIV and	complete the follo	wing table:				_	_
				_				Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year	ır					1e		
f	Ending balance						1f		
2a	Did the organization include	e an amount on Form	990, Part X, line 2	1?				Yes	No
	If "Yes," explain the arrange								
		Funds. Complete	e if organizatio	n answered	"Yes" to Forr	n 990, Part IV	, line 10.		
		············	(a) Current year	(b) Pno			hree years back	(e) Four y	ears back
1a	Beginning of year balance					1 700	- (2) (1) (3) (4)		ŝ. '4
b	Contributions					77		. ;*	% 3
c	Net investment earnings, g	ains.			, , ~	*			7 3
	and losses	,						3	
d	Grants or scholarships				* j.e.		PART PARTY	1,	1 147 3
	Other expenditures for facil	ities				\(\)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·7·,	. 1
_	and programs					4			
f	Administrative expenses	<u> </u>		1				, \	<i>i</i>
	End of year balance	F				33,249 3 1946		(336)	- (A)
2	Provide the estimated perc	ے entage of the year en	d halance held as:		2 30000-1	. 8,5,5,5,5,5		1 WAS 1800 Y	
_ a	Board designated or quasi-		%						
- h	Permanent endowment	- ·	"						
c	Term endowment ▶								
3a	Are there endowment funds	''	on of the organization	n that are held	l and administere	d for the			
-	organization by	o not in the pedeceoic	or the organization	m that are not	and daminiotore	a for the		- I	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations	,						3a(ii)	X
h	If "Yes" to 3a(ii), are the rel	ated organizations lie	ted as required on	Schodulo P2				3b	-
_	Describe in Part XIV the int	-	•					[30]	
4 De		—Land, Building			orm 990 Par	t X line 10			
- 1 6	Description of investi		(a) Cost or other ba		Cost or other	(c) Accumula	ted	(d) Book va	alue
	Description of invest		(investment)	1 '	asis (other)	depreciatio	i	(a) Dook v	100
	Land		(37,500	1		2	7,500
	Land				265,602		,093		9,509
	Buildings	-			200,002	240	.,055		<i>.,</i>
	Leasehold improvements	-			376,177	2/5	,491	2	0,686
	Equipment	-			0	* · 	0		0,000
	Other I. Add lines 1a through 1e. (0	Column (d) must same	al Form 000 Dod V	column (P) 1	<u>_</u>	<u></u>		0	7,695
ota	i. Add lines ta ulrough 16. (C	Committee in must equa	ai i Uilli 990, Pall A	, wiuiiii (b), ii	10(0).)		<u> </u>		,,033

Schedule D (Form 990) 2009 Foundation for N.1			42-1109229	Page 3
Part VII Investments—Other Securities. See For	m 990, F	Part X, line 12.		
(a) Description of security or category		(b) Book value	(c) Method of va	luation
(including name of security)			Cost or end-of-year n	narket value
Financial derivatives				
Closely-held equity interests				
Other	L			· · · · · ·
	L			
	L			
				. <u></u>
	_			
	-			
 	-			
				· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	000	Deat V. line 40	***	
Part VIII Investments—Program Related. See Fo	rm 990,			
(a) Description of investment type		(b) Book value	(c) Method of va	
			Cost or end-of-year n	larket value
				
				
				· · · · · · · · · · · · · · · · · · ·
	-	-	····	
			 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•			5.00 J. 20
Part IX Other Assets. See Form 990, Part X, line			3 79° 40 180 1	
(a) Descrip				(b) Book value
Bond for US Distric		rt		1,900,000
Prepaid convention				151,099
Art objects				10,000
Prepaid postage				1,008
				· · · · · · · · · · · · · · · · · · ·
				·
	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			<u> </u>	2,062,107
Part X Other Liabilities. See Form 990, Part X,	<u>line 25.</u>			
1. (a) Description of liability		(b) Amount		, 1
Federal income taxes				, ,
Booth deposits - 2011		89,175	*,	,
Booth deposits - unassigned				
			*	
			>	
				,
				1
		00 455		
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	<u> </u>	89,175		<u> </u>

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 Foundation for N.A. Wild Shee		42-110922		Page 4
	rt XIA . Reconciliation of Change in Net Assets from Form 990 to	Auai	ted Financial Staten	nents	·
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	<u></u>
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10 Po	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		lith Davanus nan Da	10	.
	Reconciliation of Revenue per Audited Financial Statemer	nts v	vitn Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1 36-23	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۔ م	I		
a	Net unrealized gains on investments Donated services and use of facilities	2a			
b		2b		ř.	
C	Recoveries of prior year grants	2c		i.	
d	Other (Describe in Part XIV.)	2d	<u> </u>	1 1	
e	Add lines 2a through 2d Subtract line 2e from line 1			2e	
3		ſ	I	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
b	Other (Describe in Part XIV.) Add lines 4a and 4b	40	<u> </u>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	ante l	With Evnenses per l	Patur	
1	Total expenses and losses per audited financial statements	,,,,,	With Expenses per	1	····
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7.5	
– a	Donated services and use of facilities	2a		X	
b	Prior year adjustments	2b			
c	Other losses	2c			
ď	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ſ		57	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b	· · · · · · · ·		
	Add lines 4a and 4b		·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
· Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin	es 1a	and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin				
	part to provide any additional information		· · · · · · · · · · · · · · · · · · ·		
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F	art	XI	٧.	Su	ppl	em	ent	all	Info	rm	nati	on	(co	ntir	nue	d)																			
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SCHEDULE G (Form 990, or 990-EZ

Department of the Treasury Internal Revenue Service

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. See separate instructions.

OMB No 1545-0047

Open To Public Inspection

lame of the organization Foundation for N.A	. Wild Sh	eer	•		42-11092	
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required	f the organizat	ion a	nsw	ered "Yes" to Forn		
1 Indicate whether the organization raised funds through				Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitations	g Special fur	ndraisii	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization		ant to a	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contri contrib	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
Total			•			

Schedule G (Form 990 or 990-EZ) 2009 Foundation for N.A. Wild Sheep 42-1109229 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 Annual conventi None (add col (a) through col (c)) (event type) (event type) (total number) Revenue 4,636,641 4,636,641 Gross receipts Less: Chantable contributions Gross revenue (line 1 4,636,641 4,636,641 minus line 2) Cash pnzes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 1,959,977 1,959,977 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) 1,959,977 2,676,664 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, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses % % Yes Yes Yes % Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 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: Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer chantable gaming?

12

Sche	edule G (Form 990 or 990-EZ) 2009 Foundation for N.A. Wild Sheep 42-1109) 229	F	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a	%	1	. :
b	An outside facility . 13b	<u>%</u>		<i>.</i>
14	Provide the name and address of the person who prepares the organization's gaming/special events books		`,	^
	and records:			` '
	Name ►			,
	Address ►	**	`` 1.	
15a	Does the organization have a contract with a third party from whom the organization receives gaming			ا ــــا
	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 ▶ \$.	,	٠,	
С	If "Yes," enter name and address of the third party:	,		
	Name ►		ť	` <i>;</i> ;;;
	Address ►		*	
16	Gaming manager information:	•		_ ^
	Name ▶			4
		,	,	- 1
	Gaming manager compensation ▶ \$		\$0 _*	
	Description of services provided ▶	*		
	Booking action of contract p	* /		
	Director/officer Employee Independent contractor	» ·	3,53	,
17	Mandatory distributions:	30		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		[
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		7867	l
	in the organization's own exempt activities during the tax year ▶ \$			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Pinspection OMB No 1545-0047

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Form 990, Part IV, line 21, for any 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 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (g) Description of 42-1109229 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. 2,232,375 6,074 65,000 10,000 66,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable Foundation for N.A. Wild Sheep General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? 10-14 Turner Endangered Species Fun (a) Name and address of organization 10-12 Washington State Univ. 10-15 International Project - splits - permits or government Department of the Treasury Internal Revenue Service Name of the organization Horn Plugs Auction Parti Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Schedule I (Form 990) 2009

Schedule (Form 990) 2009 Foundation for N.A. Wild Sheep 42-1109229 Page 2 Carl States Form 990 Form 990 Form 990 Part IV, line 22.	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
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FNAWS

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Foundation for N.A. Wild Sheep

Employer Identification number 42-1109229

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters Policies and procedures are in place to ensure compliance with organizations governing policies.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Identifying number

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

Foundation for N.A. Wild Sheep 42-1109229 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 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 instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 9,939 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2009 10,402 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only–see instructions) (b) Month and year (a) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in period service 19a 3-year property 5,238 5.0 HY 200DB 1,048 b 5-year property 7,869 7.0 HY 200DB 7-year property C d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year 40 yrs. S/L 40-year MM Summary (See instructions.) Part IV 1,208 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 23,720 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	ounda 4562 (2009		for	N.A.	Wil	d She	ep		42-1	1092	29							Dans 2
	4362 (200s	Listed proper	rty use	d for ent	tertai _{vhich} v	automob nment, re ou are usin section A, a	ecreation of the state	on, or	amuse	ement.) eductina	lease e	•			•	ers, an	Page Z
						and Other I							its for p	assenge	r autom	obiles.)		
24a	Do you ha	ve evidenc	e to suppo	ort the busin	ess/inv	estment use	claimed?		Yes	No	24b	If "Yes,"	is the e	vidence	written?	?	Yes	No
(list	(a) of property vehicles first)	(b) Date pla servi	ced in	(c) Busine: Investmen percenta	t use	(d Cost or bas	other		(e) is for depi siness/inv use on!	estment	(f) Recover period	, I	(g) lethod/ nvention	((h) Depreciat deductio		Elected	section cost
25	Special	depreciati	on allowa	ance for qu	ualified	listed prop	erty plac	ed in se			<u> </u>							at of the
						lified busine		see inst	ructions)			2:	5				
26 S.	ee St			u% in a qi	ualified T	d business (use:	т			Ĭ	1		1	•	.	Γ	
		- Cane			%	3	4,24	0	34	,240				-	1	,208		
					%						ļ						<u>.</u>	
27	Property	used 509	% or less	in a quali	fied bu	siness use:		1			1	1					ية. عسد كن	Coff on arcs
					%			-				S/L	<u></u>					
					%							S/L						
28	Add amo	ounts in c	olumn (h), lines 25	throug	h 27. Enter	here an	on line	e 21, pag	ge 1	' 		2	8	1	,208		
29	Add amo	ounts in c	olumn (ı)	, line 26. E	nter h	ere and on	line 7, pa	ige 1								29		
						Sec proprietor, C to see if yo		or othe	more t	han 5%	owner,"	or relate		n. If you	provide	d vehicle	es	
30			•	miles driv			(6	•		 b)	(4		r	d)	(e)	(f)
	during th	ne year (d	o not inc	lude			Veh	-	i .	icle 2	Veh	•	· ·	icle 4	1	icle 5	·	cle 6
		ing miles)											ļ					
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32 33		•	•	ommuting ne year. A	•	ariven			1			-			-			
33		through 3		ie year. A	uu													
34		-		for person	al		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use dun	ng off-dut	y hours?															
35		vehicle u	•						:						•			
				ated perso		•	<u> </u>		ļ		ļ		-	 	ļ	 		ļ
36	Is anoth	er vehicle		e for perso			Emmless	14/h	Dunid	- \/ablal	laa fan II	b. T	hair Err		<u> </u>		<u> </u>	
		· ·	to deter	mine if yoi	u meet	estions for t an excepti structions).						-						
37						that prohib	ıts all pei	sonal u	se of ve	hicles, in	ncluding	commut	ıng, by				Yes	No
	-	ployees?																
38	•			•		that prohib	•				•	•						
39						es used by es as perso	-		s, direct	ors, or 1	% or mo	re owne	rs					<u> </u>
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41	•		•		_	qualified au											# 1 Y 2 Y 2 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2	
					0, or 4	1 is "Yes,"	do not co	mplete	Section	B for the	covered	d vehicle	es					in customic
P	art VI	Amor	<u>tizatior</u>	1				I					Т	(e)				
			a) on of costs	i .		(b Date amo beg	ortization			(c) ortizable mount		(d Co- sect	de	Amortiza period percent	or	Amortiza	(f) ation for th	ııs year
42	Amortiz	ation of co	osts that	begins dui	ring yo	ur 2009 tax	year (se	e instru	ctions):									
									•						1			
43 44				_	-	ur 2009 tax instructions	-	e to rer	ort						43			
	· Juli /	au giriodi	001	(1). O	aie		. 10. 11116	2 10 10							, , , ,			

FNAWS Foundation for N.A. Wild Sheep 42-1109229 FYE: 6/30/2010

Federal Statements

in a Qualified Business
ın 50%
More Tha
y Used
. Propert
Line 26
m 4562,
1 - For
Statement

בי	Property Type							
	Date	Date Business %	Cost	Depr Basis	Period	Period Method	Deduction	Section 179
Building Improvements	4/01/90	100.00	20,172 \$	20,172	20.0	20,172 20.0 S/L-HY \$	\$ 505	20.
Building Improvements	4/01/91	100.00	69,769	691'6	20.0	9,769 20.0 S/L-HY	488	
Building Improvements	1/26/93	100.00	4,299	4,299	20.0	20.0 S/L-HY	215	
Total		↓	34,240 \$	34,240		₩.	1,208	0