#### EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number INTERNATIONAL WILDERNESS LEADERSHIP Address change FOUNDATION, INC. Name change THE WILD FOUNDATION \*\*-\*\*\*9749 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 717 POPLAR AVE 0-303-442-88116,462,857. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BOULDER, CO 80304 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: VANCE MARTIN for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.WILD.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1974 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE WILD FOUNDATION WORKS **Activities & Governance** INTERNATIONALLY TO PROTECT AND SUSTAIN WILDERNESS AND WILDLIFE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year Prior Year** 4,913,985. 34,179. 4,393,355. Contributions and grants (Part VIII, line 1h) 8 37,450. Program service revenue (Part VIII, line 2g) 62,387. 117,483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,244. 17,092. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,076,891. 4,510,284. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,912,216. 2,558,216. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 437,878. 478,808. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,341,146. 1,277,809. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,314,833. 5,691,240. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -614,349. 195,451. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,918,936. 3,919,289. Total assets (Part X, line 16) 489,291. 228,999. 21 Total liabilities (Part X, line 26) 三年 429,645. 3,690,290. 22 Net assets or fund balances. Subtract line 21 from line 20 ........... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. August 28 2020 Signature of officer Sign VANCE MARTIN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LEE P. ACKERMAN P01224102 Paid self-employed Firm's EIN > \*\*-\*\*\*0288 Firm's name ▶ BROCK AND COMPANY, CPAS, P.C. Preparer Firm's address > 900 S. MAIN STREET, SUITE 200 Use Only Phone no. 303 - 776 - 2160LONGMONT, CO 80501

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	INTERNATIONAL WILDERNESS LEADERSHIP	
		ge <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	$\square$
1	Briefly describe the organization's mission:	
	TO PROTECT WILDERNESS WHILE MEETING THE NEEDS OF HUMAN COMMUNITIES,	
	WORKING ACROSS CULTURES AND BOUNDARIES BY COLLABORATING WITH LOCAL	
	PEOPLES, ORGANIZATIONS, THE PRIVATE SECTOR, AND GOVERNMENTS TO CREATE	
	DYNAMIC PRACTICAL PROJECTS AND COMMUNICATION INITIATIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		•
	NATURE NEEDS HALF: PROMOTING THE UNDERSTANDING AND PROTECTION OF	
	WILDERNESS AND WILDLIFE THROUGHOUT THE WORLD; INCREASING PUBLIC	
	AWARENESS THAT NATURE AND PEOPLE NEED TO SHARE THE EARTH EQUALLY.	
	1 000 000 1 276 000	
4b	(Code:) (Expenses \$1,802,800. including grants of \$1,376,998. ) (Revenue \$	— <sup>;</sup>
	LOCATION SPECIFIC PROJECTS IN AFRICA, NORTH AMERICA, AND EUROPE THAT	
	HELP PROTECT AND INTEGRATE WILDERNESS AND WILDLIFE WITH HUMAN COMMUNITIES.	
	COMMUNITIES.	
	·	
4c	(Code:) (Expenses \$	— ·

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

Total program service expenses

including grants of \$ 3 , 960 , 121 .

) (Revenue \$

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# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Form 990 (2019) FOUNDATION,
Part IV Checklist of Required Schedules

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

Form 990 (2019) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		v	
	"Yes," complete Schedule L, Part IV	28a	X	v
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		X
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	1
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 41	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		<u> </u>
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<del></del>
55	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
		_		

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Form 990 (2019) FOUNDATION, INC.

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

						Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a		5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4	la	X			
b	If "Yes," enter the name of the foreign country ► MALI								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).				Х		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	, , , , , , , , , , , , , , , , , , , ,								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			_5	c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_	Sa		Х		
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				\_				
7	were not tax deductible?			F.	) b				
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvicae r	arovided to the navor?	,   ,	'a		Х		
a b					a b		- 21		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			$\vdash$					
Ŭ	to file Form 8282?			7	c.		х		
d		7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7	'e				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9	)a				
b				9	)b				
10	Section 501(c)(7) organizations. Enter:		I						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4					
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:	در ا	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	446							
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	-	2a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	H	Za				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU		$\dashv$					
	The state of the s			1:	За				
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	4a Did the organization receive any payments for indoor tanning services during the tax year?								
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15									
	excess parachute payment(s) during the year?								
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	me?	1	16		Х		
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 11										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10										
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		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6											
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
7a		7-		х							
	more members of the governing body?	7a									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>-</b>		x							
_	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v								
a	The governing body?	8a	X								
b	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	_		٠,,							
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·							
			Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	THE ORGANIZATION - O-303-442-8811										
	717 POPLAR AVE, BOULDER, CO 80304										

FOUNDATION, INC.

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#### Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

Check this box if neither the organization n	or any related	l organization compensate					sate	ited any current officer, director, or trustee.					
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos	itior more	ໄ than ເ	one	Reportable	Reportable	Estimated			
	hours per	box	ox, unless		not check more than one unless person is both an eer and a director/trustee)			compensation	compensation	amount of			
	week		cer ar	ia a a	Irecto	or/trus	tee)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the			
	related	ustee	trust		e e	Suedi		(W-2/1099-MISC)		organization			
	organizations below	ual tr	ional		ploye	t con				and related organizations			
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) VANCE MARTIN	40.00								_	_			
PRESIDENT		Х		X				115,000.	0.	0.			
(2) JOEL HOLTROP	2.00												
CHAIR		Х		X				0.	0.	0.			
(3) CHARLOTTE BARON	2.00												
VICE CHAIR		Х		Х				0.	0.	0.			
(4) EDWARD SANDERS	1.00												
TREASURER		Х		Х		_		0.	0.	0.			
(5) LENA GEORGAS	1.00									_			
DIRECTOR		Х						0.	0.	0.			
(6) KAT HABER	1.00												
DIRECTOR		Х				┞		0.	0.	0.			
(7) DAVID BARRON	1.00												
DIRECTOR		Х				<u> </u>		0.	0.	0.			
(8) LINDSAY ELLIS	1.00												
DIRECTOR		Х				_		0.	0.	0.			
(9) CRISTINA MITTERMEIER	1.00									•			
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.			
(10) MAGALEN BRYANT DIRECTOR	1.00	X						0.	0.	0.			
(11) JOHNATHAN MILLER	1.00	Λ				$\vdash$		0.	0.	<u></u>			
DIRECTOR	1.00	Х						0.	0.	0.			
DINDOTON		22						0.	0.	•			
						_							
						_							
	I	<u> </u>	1				l .	1	I				

Form 990 (2019)

	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per	Position (do not check more than one box, unless person is both ar			I than c	ne	(D) (E)  Reportable Reportable			(F) Estimated			
		week (list any hours for	offic	cer an		recto	r/trust		compensation from the organization	compensation from related organizations (W-2/1099-MISO		comp fro	ount on other oensatom the	tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati I relate nizatio	ed
	Subtotal							<u> </u>	115,000.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)					<u></u>		<u> </u>	115,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		1	<u> </u>	. 1
3	Did the organization list any <b>former</b> officer,												Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	•	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	dual for services		5		X
Sec	rendered to the organization? If "Yes." comparison B. Independent Contractors	olete Scheaule	9 J TO	or su	icn <u>r</u>	perso	on .					<u> </u>	1	
1	Complete this table for your five highest corthe organization. Report compensation for t	•	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fro	m	
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Co	(C omper	) isatior	1
								_						
								+						
2	Total number of independent contractors (in	-	ot lin	nited	l to t	thos		ted	above) who received mo	ore than				

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# INTERNATIONAL WILDERNESS LEADERSHIP Form 990 (2019) FOUNDAT Part VIII Statement of Revenue FOUNDATION, INC.

	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					lunction revenue	business revenue	sections 512 - 514				
S S	1 a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b									
2 5		Fundraising events 1c									
ffs,		I Related organizations 1d									
ية إق		Government grants (contributions)	520,552.								
Sir			320,332.								
utio	T	All other contributions, gifts, grants, and	3,872,803.								
들 된		similar amounts not included above 1f	3,072,003.								
d d	_	Noncash contributions included in lines 1a-1f		4 202 255							
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f	<b>D</b>	4,393,355.							
			Business Code	00.500	00.500						
Se	2 a		561000	22,500.	22,500.						
ē <u>Š</u>	b	SUBSCRIPTIONS	511190	14,950.	14,950.						
S	С	·									
ar eve	d										
Program Service Revenue	е										
₽	f	All other program service revenue									
	g	Total. Add lines 2a-2f	<b>&gt;</b>	37,450.							
	3	Investment income (including dividends, inter	est, and								
		other similar amounts)	<b>&gt;</b>	50,164.			50,164.				
	4	Income from investment of tax-exempt bond									
	5	Royalties	•								
		(i) Real	(ii) Personal								
	6 a	Gross rents 6a									
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)									
		Gross amount from sales of (i) Securities	(ii) Other								
	1 a		` '								
			+								
•	D	Less: cost or other basis									
ğ		and sales expenses 7b 1,952,573 Gain or (loss) 7c 12,223									
ther Revenue			•	12 222			12 222				
ĕ		Net gain or (loss)	<b></b>	12,223.			12,223.				
‡	8 a	Gross income from fundraising events (not									
Ò		including \$ of									
		contributions reported on line 1c). See									
		Part IV, line 188									
		Less: direct expenses 8	b								
		Net income or (loss) from fundraising events	<b>_</b>								
	9 a	Gross income from gaming activities. See									
		Part IV, line 19									
	b	Less: direct expenses9	b								
	С	Net income or (loss) from gaming activities	<b>)</b>								
	10 a	Gross sales of inventory, less returns									
		and allowances 10	a 1,865.								
	b	Less: cost of goods sold10	<b>b</b> 0.								
		Net income or (loss) from sales of inventory	<b>&gt;</b>	1,865.	1,865.						
			Business Code								
Miscellaneous Revenue	11 a	OTHER INCOME	900099	9,031.	9,031.						
ine Due		FOREIGN CURRENCY TRANSLATION	525990	6,196.			6,196.				
ella	c										
<u>sc</u>		All other revenue									
Σ		Total. Add lines 11a-11d		15,227.							
	12	Total revenue. See instructions		4,510,284.	48,346.	0.	68,583.				

Form 990 (2019) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			<b>(0)</b>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,124,394.	1,124,394.		
2	Grants and other assistance to domestic	22 224	22.224		
	individuals. See Part IV, line 22	89,824.	89,824.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 242 000	1 242 000		
	individuals. See Part IV, lines 15 and 16	1,343,998.	1,343,998.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	115 000	01 205	24 610	0 005
_	trustees, and key employees	115,000.	81,305.	24,610.	9,085.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	280,151.	198,133.	60,078.	21,940.
7 8	Other salaries and wages  Pension plan accruals and contributions (include	400,1J1•	190,133•	00,070.	41,74U•
đ	,				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	52,339.		52,339.	
10		31,318.	22,193.	6,631.	2,494.
11	Payroll taxes Fees for services (nonemployees):	31,310•	22,173	0,001.	2,374
	Management				
b	Legal				
	Accounting	64,158.	57,995.	5,979.	184.
d		01,1300	3,73331	373734	
	Professional fundraising services. See Part IV, line 17				
f					
g					
J	column (A) amount, list line 11g expenses on Sch O.)	735,229.	664,602.	68,516.	2,111.
12	Advertising and promotion	25,159.	24,939.	220.	-
13	Office expenses	27,002.	15,673.	8,822.	2,507.
14	Information technology	7,110.	3,320.	3,790.	
15	Royalties				
16	Occupancy				
17	Travel	192,567.	178,108.	14,383.	76.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,346.	11,346.		
20	Interest				
21	Payments to affiliates	22 - 12		4 = 444	
22	Depreciation, depletion, and amortization	92,743.	75,631.	17,112.	
23	Insurance	23,214.	11,835.	11,379.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND PUBLICATIO	41,354.	30,337.	1,563.	9,454.
b	DUES AND SUBSCRIPTIONS	27,496.	13,388.	11,832.	2,276.
c	MISCELLANEOUS	24,227.	13,100.	11,124.	3.
d	BANK FEES	6,204.	•	6,204.	-
		•			
25	Total functional expenses. Add lines 1 through 24e	4,314,833.	3,960,121.	304,582.	50,130.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2010)

Form 990 (2019)
Part X Balance Sheet

Par	τχ	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Par	t X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,484,648.	1	1,062,020
	2	Savings and temporary cash investments		290,371.	2	18,675
	3	Pledges and grants receivable, net		6,000.	3	25,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
		controlled entity or family member of any of these persons	L		5	
	6	Loans and other receivables from other disqualified persons (as defined	t l			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	3) L		6	
ပ္သ	7	Notes and loans receivable, net	L		7	
Assets	8	Inventories for sale or use	L		8	
₹	9	Prepaid expenses and deferred charges	I .	15,819.	9	9,540
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1,087 Less: accumulated depreciation 10b 445	,436.			
	b	Less: accumulated depreciation 10b 445	,296.	734,883.		642,140
	11	Investments - publicly traded securities		1,293,513.	11	2,044,011
	12	Investments - other securities. See Part IV, line 11		93,702.	12	117,903
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		3,918,936.	16	3,919,289
	17	Accounts payable and accrued expenses		133,118.	17	101,822
	18	Grants payable	L		18	
	19	Deferred revenue		250,000.	19	
	20	Tax-exempt bond liabilities	L		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
g 	22	Loans and other payables to any current or former officer, director,				
≝∣		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
Liabilities		controlled entity or family member of any of these persons			22	
-	23			12,471.	23	9,274
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	X	00 500		115 000
		of Schedule D		93,702.	25	117,903
	26	Total liabilities. Add lines 17 through 25		489,291.	26	228,999
,,		Organizations that follow FASB ASC 958, check here				
ĕ		and complete lines 27, 28, 32, and 33.		0 004 450		1 0 4 1 4 17 1
la la	27	Net assets without donor restrictions		2,094,458.	27	1,841,471 1,848,819
<u> </u>	28	Net assets with donor restrictions	<u> </u>	1,335,187.	28	1,848,819
Ĕ		Organizations that do not follow FASB ASC 958, check here				
느		and complete lines 29 through 33.				
ا يو	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>		30	
Net Assets or Fund Balances	31		<u> </u>	2 420 645	31	2 600 200
₽	32	Total net assets or fund balances		3,429,645.	32	3,690,290
	33	Total liabilities and net assets/fund balances		3,918,936.	33	3,919,289

Form 990 (2019)
Part XI Rec FOUNDATION, INC.

Pai	T XI   Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,31		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4!	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,42	9,64	<u>45.</u>
5	Net unrealized gains (losses) on investments	5	6	5,19	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,69	0,29	90.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

3b Form 990 (2019)

\*\*-\*<u>\*</u>\*9749 Page **12** 

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

INTERNATIONAL WILDERNESS LEADERSHIP

OMB No. 1545-0047

2019
Open to Public

Inspection
Employer identification number

FOUNDATION \*\*-\*\*\*9749 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

\*\*-\*\*<u>\*</u>9<u>749 Page 2</u>

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3907560.	5341515.	6689420.	4913985.	4393355.	<u> 25245835.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3907560.	5341515.	6689420.	4913985.	4393355.	25245835.
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)						2715831.
6	Public support. Subtract line 5 from line 4.						22530004.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	3907560.	5341515.	6689420.	4913985.		25245835.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,127.	21,601.	27,841.	41,478.	50,164.	168,211.
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 VI.)	12,926.	23,358.	2,648.	10,793.	15,227.	64,952.
11	<b>Total support.</b> Add lines 7 through 10						25478998.
	Gross receipts from related activities,	etc. (see instructio	nns)			12	53,276.
	<b>First five years.</b> If the Form 990 is for	•	,				
	organization, check this box and <b>stop</b>	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			olumn (f))		14	88.43 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	89.09 %
	33 1/3% support test - 2019. If the c					ore, check this box	x and
	stop here. The organization qualifies						. 37
b	33 1/3% support test - 2018. If the c		~				
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
_	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				· ·	~	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						•
18	Private foundation. If the organizatio			•			
		ala not officer a		., 102, 114, 01 17D	, shook this box a	ooo ii loti dotioi lo	· ·······

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					т т	
	Public support percentage for 2019 (lin					15	%
						16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2019. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						. $\square$
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	<b>&gt;</b>

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	20		
	3c		
	_		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	-		
	9с		
	90		
	10a		
	10b		
n 9	90 or 99	0-EZ	2019
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	rt IV Supporting Organizations (continued)		- 10	age <b>o</b>
ı u	Supporting Organizations (continued)		V	
44	Has the examination accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	١	
2	Activities Test. Answer (a) and (b) below.	ructions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

\*\*<u>-</u>\*\*\*9749 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Sec	ctions A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

\*\*-\*\*\*97<u>49</u> Page 8 Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

00.40

2019

OMB No. 1545-0047

Name of the organization

Organization type (check one):

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*9749

Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special F	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it <b>mu</b>	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
INTERNATIONAL WILDERNESS LEADERSHIP
FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*9749

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAGALEN BRYANT  2247 LOCUST HILL LANE  MIDDLEBURG, VA 20117	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID AND LINDA CORNFIELD  820 W GARFIELD STREET  SEATTLE, WA 98119	\$ <u>135,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	INTERNATIONAL CONSERVATION FUND OF CANAL INTERNATIONAL CONSERVATION FUND OF CANAL P.O. BOX 40  CHESTER, NOVA SCOTIA, CANADA BOJ 1J0	A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KENDEDA FUND  122 PARK AVENUE  TAKOMA PARK, MD 20912	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	IWT FUND, LTS INTERNATIONAL LTD  PENTLANDS SCIENCE PARK, BUSH LOAN PENICUIK, SCOTLAND, UNITED KINGDOM EH26 PENICUIK, SCOTLAND, UNITED KINGDOM EH26	\$185,240. 0PL 0PL	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WILDLIFE CONSERVATION NETWORK  25745 BASSETT LANE  LOS ANGELES, CA 94022	\$ 385,112.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization
INTERNATIONAL WILDERNESS LEADERSHIP
FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*9749

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	UNITED NATIONS UNITED NATIONS AVENUE, GIGIRI, P.O. BOX UNITED NATIONS AVENUE, GIGIRI, P.O. BOX GIGIRI, NAIROBI, KENYA 00100		Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	THE JPB FOUNDATION  875 THIRD AVENUE, 29TH FLOOR  NEW YORK, NY 10022	\$ 250,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EUROPEAN COMMISSION  2 UE DE LA LOI 200  BRUSSELS, BELGIUM 1000	\$ 880,104.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	runio, addi 033, and En <sup>e</sup> T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
INTERNATIONAL WILDERNESS LEADERSHIP
FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*9749

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization

INTERNATIONAL WILDERNESS LEADERSHIP

Employer identification number

INTERNATIONA	ΛL	WILDERNESS	LEADERSHIP
FOUNDATION.	I	VC.	

*	_	*	*	*	q	7	4	q
						•	-	

i aitiii	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
(a) No. from Part I	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of git	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	ift
_	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gir	ift Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

**Employer identification number** \*\*-\*\*\*9749

	organization answered "Yes" on Form 990, Part IV, line		<del> </del>		
	ļ	(a) Donor advise	d funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	~			
	are the organization's property, subject to the organization's e				Yes
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose c	onferring	
Da	impermissible private benefit?				Yes
Pa			s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		7		
	Preservation of land for public use (for example, recreat	ion or education)	7	a historically impo	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ution in the form o		
	day of the tax year.				at the End of the Tax
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired at	,			
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the o	organization durin	g the tax
	year ▶				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the peri	· .			
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conse	ervation easement	s during the year
	<b>—</b>				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and en	forcing conservati	on easements du	ring the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its rever	nue and expense s	tatement and	
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnotes the state of the footnotes are the state of the state	n easements in its rever	nue and expense s	tatement and	
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnoorganization's accounting for conservation easements.	n easements in its rever ote to the organization's	nue and expense s financial statemer	statement and nts that describes	the
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  TIII Organizations Maintaining Collections of	n easements in its rever ote to the organization's	nue and expense s financial statemer	statement and nts that describes	the
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	n easements in its rever ote to the organization's Art, Historical Trea 990, Part IV, line 8.	nue and expense s financial statemen asures, or Oth	statement and nts that describes ner Similar As	sets.
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  It III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958	n easements in its rever ote to the organization's Art, Historical Trea 990, Part IV, line 8. 8, not to report in its reve	nue and expense s financial statement asures, or Othernue statement an	statement and ints that describes ner Similar As and balance sheet w	sets.
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  IIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publications.	n easements in its rever ote to the organization's Art, Historical Trea 990, Part IV, line 8. B, not to report in its rever lic exhibition, education,	nue and expense s financial statemen asures, or Oth enue statement an or research in fur	statement and nots that describes ner Similar As describes de balance sheet with the the same of public statement and the same of public statement and same sheet with the same of public statement and same sheet with the same same same same same same same sam	sets.
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance.	n easements in its rever on the organization's  Art, Historical Treases  990, Part IV, line 8.  B, not to report in its revers  ic exhibition, education,  cial statements that des	asures, or Othernue statement and or research in furcribes these items	statement and onts that describes oner Similar As and balance sheet witherance of publicities.	sets.
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958	n easements in its rever on the organization's  Art, Historical Trea 990, Part IV, line 8.  B, not to report in its revellic exhibition, education, cial statements that des	financial statement and or research in fur cribes these items and battern and	statement and onts that describes oner Similar As and balance sheet witherance of public states.	sets. works
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  **III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finantif the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public	n easements in its rever on the organization's  Art, Historical Trea 990, Part IV, line 8.  B, not to report in its revellic exhibition, education, cial statements that des	financial statement and or research in fur cribes these items and battern and	statement and onts that describes oner Similar As and balance sheet witherance of public states.	sets. works
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  **III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	n easements in its rever of the organization's  Art, Historical Treases  990, Part IV, line 8.  3, not to report in its revellic exhibition, education, cial statements that des  3, to report in its revenue exhibition, education, or	financial statement and or research in fur cribes these items a statement and bar research in further rese	statement and onts that describes oner Similar As and balance sheet witherance of public states alance sheet workerance of public states are sheet workerance of public states.	sets. works
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  Telli Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finantif the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	n easements in its reveronce to the organization's  Art, Historical Treases, Part IV, line 8.  B, not to report in its reverice exhibition, education, cial statements that design, to report in its revenue exhibition, education, or	financial statement and or research in fur cribes these items e statement and bar research in further research in further cribes the statement and bar research in further cribes and cribes the statement and bar research in further cribes and cr	tatement and onts that describes oner Similar As of balance sheet witherance of public standards sheet workerance of public standards.	sets.  works  ss of ervice,
1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  **III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finantif the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	n easements in its reveronce to the organization's  Art, Historical Treases, Part IV, line 8.  B, not to report in its revelic exhibition, education, cial statements that des at the report in its revenue exhibition, education, or	financial statement asures, or Otherwise statement and or research in furcribes these items a statement and bar research in furtherm.	tatement and onts that describes oner Similar As and balance sheet with the rance of public stance of stance of public stance of stance of public stance of	sets. works
Pai	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  **TIII** Organizations Maintaining Collections of Complete if the organization answered "Yes" on Formal If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	n easements in its reveronce to the organization's  Art, Historical Treases, Part IV, line 8.  B, not to report in its revellic exhibition, education, cial statements that desented by the control of th	financial statement and or research in furches these items e statement and bar research in furthernsearch in furthernsearch in furthernsearch in furthernsearch in furthernsearch for financial seets for financial	tatement and onts that describes oner Similar As and balance sheet with the rance of public stance of stance of public stance of stance of public stance of	sets.  works  ss of ervice,
1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.  **III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finantif the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	n easements in its reveronce to the organization's  Art, Historical Treases, Part IV, line 8.  B, not to report in its reverous exhibition, education, cial statements that design to report in its revenue exhibition, education, or exhibition education education education, or exhibition education educ	financial statement and or research in further	tatement and onts that describes oner Similar As and balance sheet witherance of public stance of public sta	sets.  works  ss of ervice,

\*\*-\*\*\*9749 Page 2

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, or	Other	Similar	Assets	Continu	ıed)	gc –
3	Using the organization's acquisition, accession								COITIIII	<u>acu)</u>	
	collection items (check all that apply):	,	,	a, oo.			9				
а	Public exhibition	d		oan or eyo	hange progra	ım					
b	Scholarly research	e			mange progre						
	X Preservation for future generations	G	ш,								
C		llootians and avalain	bout the	av fuutbar th		n'a avan	ant numan	a in Dart	VIII		
4	Provide a description of the organization's co	·		•	•			e in Part	AIII.		
5	During the year, did the organization solicit or								7 v	v	No
Dai	to be sold to raise funds rather than to be ma								_ Yes	Λ	NO
ı uı	reported an amount on Form 990, Part		ete ii trie	organizatio	n answered	res on	Form 990,	Part IV,	lifie 9, or		
10	Is the organization an agent, trustee, custodia		ion, for o	ontribution	o or other see	oto not i	naludad				
ıa									7 v		l Na
	on Form 990, Part X?							∟	<b>」Yes</b>		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	iowing ta	able:					A		
	Destination to allow as						4.		Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								٦.,		
	Did the organization include an amount on Fo						ty?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Fai	t V Endowment Funds. Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	s dack	(d) Three ye	ears back	(e) Four	years i	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the	e organiza <sup>.</sup>	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment fu	ınds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	I "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or of		(b) Cost	or other	(c) Ad	ccumulate	d	(d) Book	value	;
		basis (investm	nent)	basis	(other)	dep	oreciation				
1a	Land				6,200.				116		
b	Buildings			29	5,241.		70,14	5.	225	, 09	16.
С	Leasehold improvements										
d	Equipment			57	0,732.	3	348,50	8.	222	, 22	<u>4</u> .
е	Other			10	5,263.		26,64	3.		, 62	
	Add lines 1a through 1e (Column (d) must as		V oolum	n (D) line 1	00.1					.14	

Parl	VII Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Fi	nancial derivatives			
	osely held equity interests			
<b>(3)</b> Of	her			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Pari	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment			of voor morket value
	` , .	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)				
(2)			+	
(3)			+	
(4)			+	
(5)			+	
(6)			+	
(7)			+	
(8)			+	
<u>(9)</u>	Col. (b) must equal Form 000. Port V. col. (D) line 10.)			
Parl	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
		Description	The cost of the cost, the cost, the cost of the cost o	(b) Book value
(1)		1		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990, Part X. col. (B) line  X Other Liabilities.	15.)	<b>&gt;</b>	
	Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			(1)
(2)	DEFERRED COMPENSATION PLAN	1		
(3)	OBLIGATION	•		117,903.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990, Part X, col. (B) line	25 \		117,903.
1 Otal.	(Column (b) must equal Form 990, Part λ, col. (B) line			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

FOUNDATION, INC.

\*\*-\*\*\*<u>9749</u> Page **4** 

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,575,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	65 101		
а			65,194.		
b					
С	. , ,				
d	, , , , , , , , , , , , , , , , , , , ,	2d			CE 104
е				2e	65,194. 4,510,284.
3	Subtract line 2e from line 1			3	4,510,284.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,				0
_ C				4c	4,510,284.
D <sub>a</sub>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII   Reconciliation of Expenses per Audited Financial Sta	) atements With I	Fynenses ner F	5 Peturr	
ı a			Expenses per n	letuii	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir			1	4,314,833.
1	Total expenses and losses per audited financial statements			1	4,314,033.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities	l I			
b	, , ,				
c d					
	,			2e	0.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			3	4,314,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1/311/0331
a		4a			
b					
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	4,314,833.
	rt XIII Supplemental Information.	0./			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4: Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X	. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,	,
		,			
PAI	RT III, LINE 4:				
AFI	RICAN ART, INCLUDING CARPETS, PAINTINGS	AND SCULP	TURES, ARE	ON	DISPLAY
AT	THE COLORADO OFFICE TO HELP PRESERVE T	HE CULTURE	THAT THE	ORGZ	ANIZATION
WOI	RKS WITH ON A CONTINOUS BASIS TO ACHIEVE	E PROGRAM (	GOALS AND	OBJI	ECTIVES.
PAI	RT X, LINE 2:				
THI	E ORGANIZATION UTILIZES THE PROVISIONS (	OF ASC 740	, PERTAINI	NG 1	0
<u>AC</u>	COUNTING FOR UNCERTAINTY IN INCOME TAXES	S. THE PRO	NOUNCEMENT	REÇ	QUIRES THE
<u>US</u>	E OF A MORE-LIKELY-THAN-NOT RECOGNITION	CRITERIA :	BEFORE AND	SEI	PARATE
	N MUD AND GUDDANTUR OF A T			<b></b> -	-
FR(	OM THE MEASUREMENT OF A TAX POSITION. A	N ENTITY S	HALL INITI	ALL\	<u>(</u>
<b>-</b>	200MTZB MID BININGIN GMIMONT BEETSE	OH 3 555	DOGT###		Tm TC
KE(	COGNIZE THE FINANCIAL STATEMENT EFFECTS	OF A TAX	POSTITON W	HEN	IT IS
MO	ביייים שרו שרו שרו שוו שוו שוו שוו שריייים שריייים שריייים שריייים שריייים שריייים שריייים שריייים שריייים שרי	CAT MEDICA	MUXM MITT	DO	TTMTON
MOI	RE LIKELY THAN NOT, BASED ON THE TECHNIC	CAL MEKITS	, THAT THE	POS	PTITON

Part XIII | Supplemental Information (continued) WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS. MANAGEMENT HAS EVALUATED THE ADOPTED POLICIES AND PROCEDURES THAT HAVE BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS. MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP

\*\*-\*\*\*9749

**Employer identification number** 

FOUNDATION, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of	(c) Number of		1	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent	gram services, investments, grants to		investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				CONSERVATION AND	
				WILDERNESS PROTECTION	
NORTH AMERICA			PROGRAM SERVICES AND GRANTS	PROJECTS	350,000
				1.100 2015	
				CONSERVATION AND	
				WILDERNESS PROTECTION	
SOUTH PACIFIC			PROGRAM SERVICES AND GRANTS	PROJECTS	34,000
				CONSERVATION AND	
2.672				WILDERNESS PROTECTION	140.000
ASIA			PROGRAM SERVICES AND GRANTS	PROJECTS	148,000
				CONSERVATION AND	
				WILDERNESS PROTECTION	
SUB-SAHARAN AFRICA	1		PROGRAM SERVICES AND GRANTS	PROJECTS	966,000
50B-SANAKAN AFKICA			FROGRAM SERVICES AND GRANIS	FROUECIS	300,000
				CONSERVATION AND	
				WILDERNESS PROTECTION	
EUROPE			PROGRAM SERVICES AND GRANTS	PROJECTS	321,000
				CONSERVATION AND	
CENTRAL AND SOUTH				WILDERNESS PROTECTION	
AMERICA			PROGRAM SERVICES AND GRANTS	PROJECTS	50,000
				CONSERVATION AND	
				WILDERNESS PROTECTION	
MIDDLE EAST			PROGRAM SERVICES AND GRANTS	PROJECTS	67,000
HIDDE EAST			I ROGRAM SERVICES AND GRANTS	FROOBETS	07,000
3 a Subtotal	1	0			1,936,000
<b>b</b> Total from continuation					
sheets to Part I	0	0			0
c Totals (add lines 3a					
and 3b)	1	0			1,936,000

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

Schedule F (Form 990) 2019

\*\*-\*\*\*9749

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	CONSERVATION AND					
		THE UNITED STATES	EDUCATION	16,818.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	38,000.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	740,293.	WIRE	0.		CASH
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	CONSERVATION AND					
		THE UNITED STATES	EDUCATION	333,078.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	9,785.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	5,225.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	8,625.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	5,000.	WIRE	0.		CASH

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

\*\*-\*\*\*9749

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated it	additional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
CONSERVATION AND EDUCATION	BRUNEI, BURMA,	2	33,000.	WIRE	0.		CASH
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
CONSERVATION AND EDUCATION	DJIBOUTI, EGYPT,	3	47,035.	WIRE	0.		CASH
	, ,		,				
CONSERVATION AND EDUCATION	SOUTH ASIA	2	33,000.	WIRE	0.		CASH
	EUROPE (INCLUDING						
	ICELAND &						
CONSERVATION AND EDUCATION	GREENLAND)	3	52,662.	WIRE	0.		CASH
GONGERIA MICH AND EDUCAMION	GOLIMIT AMERICA	_	10 000				an arr
CONSERVATION AND EDUCATION	SOUTH AMERICA	1	19,000.	WIRE	0.		CASH

Schedule F (Form 990) 2019 FOUNDATION, INC.

Part IV Foreign Forms

\*\*-\*\*\*9749 Page 4

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 FOUNDATION, INC. \*\*-\*\*9749 Page 5

Provide the information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
A GRANT REPORT DESCRIBING THE USE OF FUNDS ALONG WITH THE GRANTEE
ORGANIZATION'S FINANCIAL STATEMENTS ARE SUBMITTED AND REVIEWED NO LESS
THAN ONCE A YEAR.
PART I, LINE 3:
ACCRUAL METHOD USED AND REPORTED AS GRANTS AND PROJECTS.

Schedule F (Form 990) 2019

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. INTERNATIONAL WILDERNESS LEADERSHIP

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INTERNATI FOUNDATIO		ERNESS LEAD	ERSHIP				Employer identification number **-***9749
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						on X Yes No
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	C Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is neede	ed.	(6) Na - Na - al - al	•	1
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EARTH VISION INSTITUTE							
2334 BROADWAY STREET BOULDER, CO 80304	••*:***_*	**1029	138,840.	0.			RESEARCH AND EDUCATION
CORAL VITA, INC. 3400 PROSPECT STREET WASHINGTON, DC 20008			14,000.	0.			RESEARCH AND EDUCATION
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 84612	••*:***-	\$ <b>66</b> 7 <b>01</b> (3)	19,000.	0.			RESEARCH AND EDUCATION
EXPOSURE LABS 3200 CARBON PL, STE 100 BOULDER, CO 80301			868,350.	0.			RESEARCH AND EDUCATION
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	••*:***	5 <b>5196</b> 8¥(3)	76,996.	0.			RESEARCH AND EDUCATION
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-				<u> </u>	<b>&gt;</b>

FOUNDATION, INC.

\*\*-\*\*\*9749

Page 2

Schedule I (Form 990) (2019) FOUNDATION, IN	IC.				**-***9749	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	als. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
RESEARCH AND EDUCATION	3	89,824.	0.			
		0.5.4111.4	(1)			
Part IV   Supplemental Information. Provide the information of PART I, LINE 2:	required in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
A GRANT REPORT DESCRIBING THE USE	OF FUNDS	ALONG WITH	THE GRANT	'EE		
ORGANIZATION'S FINANCIAL STATEMEN	TS ARE SUE	BMITTED AND	REVIEWED	NO LESS THAN		
ONCE A YEAR.						

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

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

OMB No. 1545-0047

Inspection

**Open To Public** 

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number \*\*-\*\*\*9749

Part I							on 501(c)(4), and se										
1 (2) No.	•			Relationship betv	ween c	disqual	irt IV, line 25a or 25b ified					D.	(d) Corrected?				
(a) Nai	me of disqualified p	erson		person and or	ganiza	ation	(0	<b>C)</b> D	escription of tran	sactio	n 		Y	es	No		
													_				
sectio	n 4958						ualified persons dur				► \$ ► \$						
3 Enter	the amount of tax,	ii ariy, ori iii	ie ∠, a	above, reimburs	ea by	trie org	janization				Φ Φ						
Part II	Loans to and	l/or From	ı Inte	erested Pers	sons.	i											
	Complete if the o	organization	ansv	vered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	orm	n 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n			
	reported an amo				_	2. oan to or						<b>(h)</b> Ap	nroved	en 14			
•	a) Name of ested person	(b) Relation with organiz	nship zation	(c) Purpose of loan	fron	n the ization?	(e) Original principal amount	e) Original (1) Dalance due (9) III (b)		by bo	proved ard or nittee? (i) Written agreement?		/ritten ment?				
	·				To	From				Yes	No	Yes	No	Yes	1		
Fotal Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	▶ \$ sons.										
	Complete if the c			_													
<b>(a)</b> N	lame of interested p	person		(b) Relationship interested pers the organiza	on an		(c) Amount of assistance	(c) Amount of (d) Typ						Purpose of ssistance			
			+								_						
			+								+						
			+														
			$\top$														

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

\*\*-\*\*\*9749 Page 2

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's		
	person and the organization	transaction	transaction	rever	nues?	
FULCRUM PUBLISHING	OFFICER OF THE COMP	492.	PAID FOR BO	Yes	No X	
robonom robbishing	official of the com-	1,72,	I THE TOR BO			
Part V Supplemental Information.  Provide additional information for real	sponses to questions on Schedule L (see ir	nstructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTE	D PERSONS:			
(A) NAME OF PERSON: FULCE						
		00000000				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	.ON:			
OFFICER OF THE COMPANY IS	A MEMBER OF THE BOAR	D OF DIRECT	ORS.			
(D) DESCRIPTION OF TRANSA	CTION: PAID FOR BOOK	PUBLICATION	I SERVICES			
(2, 2223122222						

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

**Employer identification number** \*\*-\*\*\*9749

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

COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO MANAGEMENT AND MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND ALL MEMBERS OF THE ORGANIZATION. MEMBERS OF THE ORGANIZATION ARE REQUIRED TO NOTIFY THE BOARD IMMEDIATELY IF A SITUATION ARISES DURING THE YEAR THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT INCLUDES A REVIEW OF MARKET RATES IN THE AREA BY AN INDEPENDENT COMMITTEE OF THE BOARD. ONCE A COMPENSATION PACKAGE IS DETERMINED BY THE COMMITTEE, IS TAKEN TO THE BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.

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

THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS OF THE

ORGANIZATION ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

IT CONSULTANTS:

PROGRAM SERVICE EXPENSES

14,673.

Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.	Employer identification number **-**9749
MANAGEMENT AND GENERAL EXPENSES	1,513.
FUNDRAISING EXPENSES	47.
TOTAL EXPENSES	16,233.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	644,077.
MANAGEMENT AND GENERAL EXPENSES	66,400.
FUNDRAISING EXPENSES	2,045.
TOTAL EXPENSES	712,522.
PAYROLL ADMIN FEES:	
PROGRAM SERVICE EXPENSES	5,852.
MANAGEMENT AND GENERAL EXPENSES	603.
FUNDRAISING EXPENSES	19.
TOTAL EXPENSES	6,474.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	735,229.
PART XII, LINE 2C	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILTY FOR OVERSIGHT	OF THE AUDIT
OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT	ACCOUNTANTS.
THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

#### **SCHEDULE R** (Form 990)

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number \*\*-\*\*\*97**4**9

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incom	(e) End-of-year	assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more related tax-exe	mpt
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS OF THE PEACE PARKS, INC - 77-0471097							
717 POPLAR AVE				170(B)(1)(A)(			
BOULDER, CO 80304	WILDLIFE CONSERVATION	COLORADO	501(C)(3)	VI)			X
WILDERNESS FOUNDATION GLOBAL							
11 NEWINGTON STREET							
PORT ELIZABETH, SOUTH AFRICA 6001	WILDLIFE CONSERVATION	SOUTH AFRICA					Х
	]						
	]						
	]						

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disproportionate allocations?  Yes No Code V-UBI amount in bo 20 of Schedu K-1 (Form 106		Code V-UBI	Gene	ral or	Percentage ownership
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	alloca	tions?	20 of Schedule	partner?		ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
				l	l	l	l .	l .	ı	I		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

1a

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X				
				_		Х				
d Loans or loan guarantees to or for related organization(s)				1d		Х				
e Loans or loan guarantees by related organization(s)						Х				
f Dividends from related organization(s)				1f		X				
g Sale of assets to related organization(s)						X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	X				
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
						X				
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
				<u>1r</u>		X				
				1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	relationships and transaction thresholds.							
(a) Name of related organization	(b)	(c)	(d)							
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	nt involved						
	type (a-s)									
EDIENDO OE MUE DEAGE DARKO ING	_	22 500	GA GII							
(1) FRIENDS OF THE PEACE PARKS, INC	L	22,500.	CASH							
(0)										
(2)										
(0)										
(3)										
(4)										
(E)										
(5)										
(6)										
332163 09-10-19	1		Schei	dule R (Fo	m 990	) 2019				
NOC 100 00 10 10			Scrie	1 (1 01	550	, 2010				

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

Schedule R (Form 990) 2019 FOUNDATION, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat <b>Yes</b>	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	( )	103	NO	
											-	

JULIEUUIE II	(Form 990) 2019 FOUNDATION, INC.	~~-~~9/49	Page <b>5</b>
Part VII	Supplemental Information		
711			
	Provide additional information for responses to questions on Schedule R. See instructions.		

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or INTERNATIONAL WILDERNESS LEADERSHIP print \*\*-\*\*\*9749 FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 717 POPLAR AVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80304 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 717 POPLAR AVE - BOULDER, CO 80304 Telephone No. ► 0-303-442-8811 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2020)