



May 22, 2018

Mr. Vance Martin, President The Wild Foundation 717 Poplar Avenue Boulder, CO 80304

#### Dear Vance:

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

BROCK AND COMPANY, CPAs, P.C.

Lee P. Ackerman

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2017

Prepared for	Mr. Vance Martin, President The Wild Foundation 717 Poplar Avenue Boulder, CO 80304
Prepared by	Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

## IRS e-file Signature Authorization for an Exempt Organization

_	_	
	, 2017, and ending	, 20

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

23-7389749

Name and title of officer

VANCE MARTIN PRESIDENT

#### Type of Return and Return Information (Whole Dollars Only) Part I

For calendar year 2017, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b _	6,830,840.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> b	
За	Form 1120-POL check here <b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		_	

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
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X   authorize BROCK AND COMPANY, CPAS, P.C.	to enter my PIN 80304
ERO firm name	Enter five numbers, do not enter all zero
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating or program, I will enter my PIN on the return's disclosure consent screen.	authorize the aforementioned ERO to
cer's signature ▶ Date ▶	
art III Certification and Authentication	
O's EFIN/PIN. Enter your six-digit electronic filing identification	01 1

number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So ıııt

Offi

# EXTENDED TO NOVEMBER 15, 2018

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.

and ending

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

В	Check if applicable	INTERNATIONAL WILDERNESS LEADERSHIP		D Employer identif	ication number
F	Addres change Name change			23_7	389749
F	Initial	Doing business as 'I'HE WILD FOUNDATION  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
F	return Fiṇal_,	717 POPLAR AVENUE	Room/suite	E Telephone number	er - <b>442 – 8811</b>
_	—Jreturn/ termin- ated			G Gross receipts \$	6,869,008.
Г	Amend			H(a) Is this a group r	
Ē	Application	·		for subordinate	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates	
$\overline{1}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)
J	Websit	e: ► WWW.WILD.ORG		H(c) Group exemption	on number
K	Form of	organization: X Corporation Trust Association Other	<b>∟</b> Year	of formation: $1974$ [	<b>M</b> State of legal domicile: <b>NY</b>
P		Summary			
e	1 1	Briefly describe the organization's mission or most significant activities: THE	WILD F	OUNDATION W	IORKS
Governance		INTERNATIONALLY TO PROTECT AND SUSTAIN W			
/er		Check this box  if the organization discontinued its operations or disposition of the contract			
ģ				3	10
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			7
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			2
ξi		Total number of volunteers (estimate if necessary)			·
Ą		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34			
_	"	Net differated business taxable income from Form 990-1, line 34	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,341,515.	
nue		Program service revenue (Part VIII, line 2g)		17,444.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		160,717.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,970.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,529,646.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,725,000.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		360,422.	402,889.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25)   183,0	45.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,072,063.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,157,485.	
_	19	Revenue less expenses. Subtract line 18 from line 12		372,161.	<del></del>
sor	3		Ве	ginning of Current Year	
Net Assets (	<b>20</b>	Total assets (Part X, line 16)		3,038,784.	
H A	21	Total liabilities (Part X, line 26)		140,933.	
		Net assets or fund balances. Subtract line 21 from line 20		2,897,851.	4,203,398.
_	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of w			ny knowledge and belief, it is
uu	e, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of w	mich preparer	Thas any knowledge.	
o:.		Signature of officer		I Date	
Sig		VANCE MARTIN, PRESIDENT		2 4.0	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	]]	Date Check	PTIN
Pa	id	LEE P. ACKERMAN		if self-emplo	P01224102
		Firm's name BROCK AND COMPANY, CPAS, P.C.		Firm's EIN	84-0930288
	e Only	Firm's address 900 S MAIN STREET, SUITE 200		Tim o Env	
•	1	LONGMONT, CO 80501		Phone no. 3 C	3-776-2160
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO PROTECT WILDERNESS WHILE MEETING THE NEEDS OF HUMAN COMMUNIT	
	WORKING ACROSS CULTURES AND BOUNDARIES BY COLLABORATING WITH LO	
	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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 e	ynenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	ocriscs, and
4a	(Code: ) (Expenses \$ 2,022,252. including grants of \$ 2,165,862.) (Revenue \$	41,233.)
<del>-1</del> a	NATURE NEEDS HALF: PROMOTING THE UNDERSTANDING AND PROTECTION O	
	WILDERNESS AND WILDLIFE THROUGHOUT THE WORLD; INCREASING PUBLIC	
	AWARENESS THAT NATURE AND PEOPLE NEED TO SHARE THE EARTH EQUALL	
	WANGINESS THAT MATURE AND FEOFILE NEED TO SHAKE THE EARTH EQUALITY	1.
4b	(Code: ) (Expenses \$ 2,995,000 • including grants of \$ 1,892,987 • ) (Revenue \$	)
	LOCATION SPECIFIC PROJECTS IN AFRICA, NORTH AMERICA, AND EUROPE	THAT
	HELP PROTECT AND INTEGRATE WILDERNESS AND WILDLIFE WITH HUMAN	
	COMMUNITIES.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses   5,017,252.	,
		Form <b>990</b> (2017)
		(=011)

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### INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Form 990 (2017) 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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
'	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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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

Form **990** (2017)

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Form 990 (2017) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
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		Х
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	<b> </b>		v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		Х	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Λ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30		30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,.
	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			v
00	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?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	41	ı

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1</b> b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	X	
<b>2</b> a	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	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	<u> </u>
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					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	)	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					L
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					37
	to file Form 8282?	1	 I	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a			7h		_^
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		
D D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ا م	1			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
		IUD				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	Ha				
IJ	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			.oa		
h	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				
c	Enter the amount of reserves on hand	13c				
	Did the consideration and the constant of the fact that the constant of the co		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	, , , , , , , , , , , , , , , , , , , ,					

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

	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 la			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	<b>-</b>		
7a	, , , , , , , , , , , , , , , , , , , ,	<b> </b>		x
	more members of the governing body?	7a		
b		l		<sub>V</sub>
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	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,,
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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	Х	
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		Х
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	ole	
	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
.5	statements available to the public during the tax year.	IQII	Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 303-442-8811			
	717 POPLAR AVENUE, BOULDER, CO 80304			
	, and the state of			

# Form 990 (2017)

UNDATION, INC. 23-7389749

<u> Page</u> **7** 

Part VIII	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.

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

Check this box if neither the organize		orga	aniza			mpe	nsat			
(A)	(B)	(C) Position			(D)	(E)	(F)			
Name and Title	Average	(do	(do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss person is both an d a director/trustee)			h an	compensation	compensation	amount of
	week	-			1 1 1		<u> </u>	from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e Or (	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	ımpeı		(** = *********************************		and related
	below	idual	ution	 	oldm	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) VANCE MARTIN	40.00								_	_
PRESIDENT		Х		Х				109,800.	0.	0.
(2) JOEL HOLTROP	2.00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(3) CHARLOTTE BARON	2.00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) EDWARD SANDERS	1.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(5) LENA GEORGAS	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(6) KAT HABER	1.00	١							_	
DIRECTOR	1 00	Х						0.	0.	0.
(7) DAVID BARRON	1.00	ļ ,,							_	_
DIRECTOR	1.00	Х						0.	0.	0.
(8) LINDSAY ELLIS	1.00	x						0.	0.	0.
DIRECTOR (9) CRISTINA MITTERMEIER	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) MAGALEN BRYANT	2.00	122						0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
BIRDETOR		123							•	•
		1								
		1								
		1								
_										
		1								
		1								
		1								
		L								

Form 990 (2017)

Part VII Section A. Officers, Dire	(B)	B) (C)		(D)	(E)			(F)					
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation from related		an	stimate nount o other	
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	<b>)</b>	com fr org	pensatem om the anizati	e ion
	below line)	Individua	Institutio	Officer	Key employee	Highest of employer	Former				orga	anizatio	ons ——
		1											
		}											
		1											
		_											
		_								_			
		_											
1b Sub-total	L	<u> </u>	<u> </u>	<u> </u>			<u> </u>	109,800.		0.			0.
c Total from continuation sheet d Total (add lines 1b and 1c)							<b>&gt;</b>	109,800.		0.			0.
Total number of individuals (inc compensation from the organize)	luding but not limited to the							eceived more than \$100	),000 of reportable				1
3 Did the organization list any for			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	ľ		Yes	No
line 1a? If "Yes," complete School 4 For any individual listed on line	1a, is the sum of reportab	ole co	omp	ensa	atior	n and	d otl		the organization		3		<u> </u>
<ul><li>and related organizations great</li><li>Did any person listed on line 1a</li></ul>	receive or accrue compe	ensat	ion 1	rom	any	/ uni					4		X
rendered to the organization? Its		le J f	or s	uch	pers	son					5		X
Complete this table for your five the organization. Report compe		-								ens	ation f	rom	
Name ar	(A) nd business address	N	INC	3				<b>(B)</b> Description of s	services	С	(C Compe		n
2 Total number of independent or	ontractors (including but	not li	mite	d to	tho	se li	stec	d ahove) who received m	ore than				
\$100,000 of compensation from		.0: 111		J 10		0		. a.500, wild 10001060 II	10.0 triuri				

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC. 23-7389749 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 439,146. e Government grants (contributions) f All other contributions, gifts, grants, and 1f 6,250,274 similar amounts not included above ..... 11,397. g Noncash contributions included in lines 1a-1f: \$ 6,689,420. h Total. Add lines 1a-1f ..... Business Code 2 a CCA AND MANAGEMENT FEE 561000 37,000. 37,000. Program Service Revenue 1,535. SUBSCRIPTIONS 511190 1,535. С f All other program service revenue 38,535. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 27,841. 27,841. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 110,514. assets other than inventory b Less: cost or other basis 38,168. and sales expenses ..... 72,346. c Gain or (loss) 72,346. 72,346. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 230. and allowances a 0.

**Business Code** 

900099

230.

2,468.

230.

2,468.

**b** Less: cost of goods sold .....

**c** Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a OTHER INCOME

b

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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	2,009,174.	2,009,174.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	106,688.	106,688.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	1,942,987.	1,942,987.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	400 000	40.00	24 445	25 256			
	trustees, and key employees	109,800.	40,297.	34,147.	35,356.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	022 006	05 600	FO 550				
7	Other salaries and wages	233,906.	85,689.	72,779.	75,438.			
8	Pension plan accruals and contributions (include	27 225		27 225				
_	section 401(k) and 403(b) employer contributions)	27,225. 2,133.		27,225.				
9	Other employee benefits	2,133.	11,346.	8,989.	9,490.			
10	Payroll taxes	43,043.	11,340.	0,303.	3,430.			
11	Fees for services (non-employees):							
a	Management							
D	Legal	60,334.	49,776.	7,059.	3,499.			
ر ام	Accounting	00,334.	40,770	7,055.	3,433.			
u	Lobbying Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
	Other. (If line 11g amount exceeds 10% of line 25,							
9	column (A) amount, list line 11g expenses on Sch 0.)	486,993.	401,986.	57,033.	27,974.			
12	Advertising and promotion	1,473.	646.		827.			
13	Office expenses	48,482.	39,082.	7,445.	1,955.			
14	Information technology	6,239.	1,813.	4,088.	338.			
15	Royalties	-	-					
16	Occupancy							
17	Travel	189,747.	149,003.	14,625.	26,119.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates			1=				
22	Depreciation, depletion, and amortization	92,297.	74,903.	17,394.				
23	Insurance	9,541.		9,541.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
9	amount, list line 24e expenses on Schedule 0.)  PRINTING AND PUBLICATIO	93,462.	93,462.					
a h	MISCELLANEOUS	24,152.	1,709.	20,737.	1,706.			
c	DUES AND SUBSCRIPTIONS	12,871.	3,819.	9,052.	_,,,,,,			
d	BANK FEES	6,599.	-,	6,599.				
-	All other expenses	5,906.	4,872.	691.	343.			
25	Total functional expenses. Add lines 1 through 24e	5,499,834.	5,017,252.	299,537.	183,045.			
26	<b>Joint costs.</b> 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)							
					E 000 (004.7)			

Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,141,377.	1	2,264,586.
	2	Savings and temporary cash investments	490,974.	2	396,734.
	3	Pledges and grants receivable, net	1,000.	3	73,145.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,737.	9	7,934.
	l	Land, buildings, and equipment: cost or other	,		,
	b	basis. Complete Part VI of Schedule D 10a 1,116,788.  Less: accumulated depreciation 10b 342,779.	766,344.	10c	774,009.
	11	Investments - publicly traded securities	573,890.	11	763,398.
	12	Investments - other securities. See Part IV, line 11	60,462.	12	85,829.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,038,784.	16	4,365,635.
	17	Accounts payable and accrued expenses	80,471.	17	76,408.
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ω	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 of			
		Schedule D	60,462.	25	85,829.
	26	Total liabilities. Add lines 17 through 25	140,933.	26	162,237.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	1,628,715.	27	2,095,878.
Fund Balances	28	Temporarily restricted net assets	1,269,136.	28	2,107,520.
ĕ	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	2,897,851.	33	4,203,398.
	34	Total liabilities and net assets/fund balances	3,038,784.	34	4,365,635.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8, (		
2	Total expenses (must equal Part IX, column (A), line 25)	2			8, 6		
3	Revenue less expenses. Subtract line 2 from line 1	3			L,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	2,897,851.			
5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6					
7 Investment expenses 7							
8							
9						41.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
						98.	
Pa	rt 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?						X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		<u>L</u> :	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	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 th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		[_	3а		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Γ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INTERNATIONAL WILDERNESS LEADERSHIP Name of the organization FOUNDATION, INC. 23-7389749 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3322154.	3402623.	3907560.	5341515.	6689420.	22663272.	
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	3322154.	3402623.	3907560.	5341515.	6689420.	22663272.	
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)						3035611.	
6							19627661.	
	Public support. Subtract line 5 from line 4.						17027001.	
		(=) 0010	(b) 001.4	(-) 0015	(4) 0010	(-) 0017	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2013 3322154.	(b) 2014 3402623.	(c) 2015 3907560.	(d) 2016 5341515.	(e) 2017 6689/120	(f) Total 22663272.	
	Amounts from line 4	3322134.	3402023.	3707300.	2241212.	0007420.	22003272.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	2 167	17,718.	27,127.	21,601.	27,841.	07 754	
_	and income from similar sources	3,467.	1/,/10.	21,121.	21,001.	2/,041.	97,754.	
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	04 000	4 0 4 7	10 006	22 250	2 (40	60 171	
	assets (Explain in Part VI.)	24,292.	4,947.	12,926.	23,358.	2,648.		
11	<b>Total support.</b> Add lines 7 through 10						22829197.	
12	,	*	,			12	10,645.	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
0-	organization, check this box and stor	here					<u></u> ▶□	
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage			<u> </u>	05 00	
	Public support percentage for 2017 (I					14	85.98 %	
	Public support percentage from 2016					15	82.02 %	
16a	33 1/3% support test - 2017. If the o	•		•		•		
	stop here. The organization qualifies							
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qual							
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	in Part VI how the	Э	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	<b>5.</b>						ns ▶	

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2014	(6) 2013	(u) 2010	(e) 2017	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<del>                                     </del>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							<del>                                     </del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						<del>                                     </del>
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						<del>                                     </del>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						<del>                                     </del>
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		+				_
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	······						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Al 1				504(-)(0)	
14	First five years. If the Form 990 is for	· ·	•		•		zation,
50	check this box and stop here ction C. Computation of Publi		rcentage				<b>P</b>
	-			l (f))		15	0/
	Public support percentage for 2017 (li					<del>                                     </del>	<u>%</u>
	Public support percentage from 2016 ction D. Computation of Inves					16	<u>%</u>
	•					147	0/
17						17	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2016. If the						
20	line 18 is not more than 33 1/3%, che						
∠∪	Private foundation. If the organization	л иш пот спеск а	DOX OH IIITE 14, 19	a, or 190, check t	ing dox and see in:	อนนบนปีโจ้	

### 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 (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
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	10h		
~ ^	10b 90 or 99	M E2	2017
11 9	an or as	7U-EZ	2017

Pai	rt IV Supporting Organizations (continued)			<u> </u>
	Continued/		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	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			
	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		
<u>Sec</u>	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			
<u> </u>	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 <b>Part VI</b> 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			
3	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

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Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	ion D	- Distributions		(	Current Year			
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Quali	fied set-aside amounts (prior IRS approval required)						
6	Other	r distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total	annual distributions. Add lines 1 through 6.						
8	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	е				
	(provi	ide details in <b>Part VI</b> ). See instructions.						
9	Distri	butable amount for 2017 from Section C, line 6						
10	Line 8	8 amount divided by line 9 amount						
		•	(i)	(ii)	(iii)			
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distril	butable amount for 2017 from Section C, line 6						
2	Unde	erdistributions, if any, for years prior to 2017 (reason-						
	able o	cause required- explain in <b>Part VI</b> ). See instructions.						
3	Exces							
а								
b	From	2013						
С	From							
d	From							
е	From							
f	Total	of lines 3a through e						
g	Appli	ed to underdistributions of prior years						
h	Appli	ed to 2017 distributable amount						
i	Carry	over from 2012 not applied (see instructions)						
		ainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distril	butions for 2017 from Section D,						
	line 7	ý: \$						
a	Appli	ed to underdistributions of prior years						
b	Appli	ed to 2017 distributable amount						
С	Rema	ainder. Subtract lines 4a and 4b from 4.						
5	Rema	aining underdistributions for years prior to 2017, if						
	any. S	Subtract lines 3g and 4a from line 2. For result greater						
	-	zero, explain in <b>Part VI.</b> See instructions.						
6		aining underdistributions for 2017. Subtract lines 3h						
	and 4							
		VI. See instructions.						
7		ss distributions carryover to 2018. Add lines 3						
	and 4	-						
8		kdown of line 7:						
		ss from 2013						
		ss from 2014						
		ss from 2015						
		ss from 2016						
		ss from 2017						

Schedule A (Form 990 or 990-EZ) 2017

23-7389749 Page 8 Schedule A (Form 990 or 990-EZ) 2017 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.

OMB No. 1545-0047

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

**Employer identification number** 

23-7389749

Organiz	cation type (check or	ie).
Filers o	f:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-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.
	,	7), (6), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.
General	nuie	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 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 r, 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 contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	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., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \frac

Caution: 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 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) (2017)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl 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	\$ 308,767.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID AND LINDA CORNFIELD  820 W GARFIELD STREET  SEATTLE, WA 98119	\$ 200,000.	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
3	INTERNATIONAL CONSERVATION FUND OF CANADA  P.O. BOX 40  CHESTER, NOVA SCOTIA, CANADA BOJ 1J0	\$ 264,500.	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	\$500,000.	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
5	PLAYFORD FAMILY FOUNDATION  5200 ST. ANDREWS ISLAND DRIVE  VERO BEACH, FL 32967	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	US FISH AND WILDLIFE SERVICE  5275 LEESBURG PIKE, MS:IA  FALLS CHURCH, VA 22041	\$ <u>136,000.</u>	Person X Payroll

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IWT FUND, LTS INTERNATIONAL LTD  PENTLANDS SCIENCE PARK, BUSH LOAN PENICUIK, SCOTLAND, UNITED KINGDOM EH26 OPL	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  LEONARDO DICAPRIO FOUNDATION, C/O CALIFORNIA COMMUNITY FOUNDATION  445 S FIGUEROA ST, STE 3400  LOS ANGELES, CA 90071	\$ 415,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MINUSMA MINUSMA HEADQUARTERS BAMAKO, MALI 91093	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	VIRGINIA JORDAN  780 3RD AVENUE, STE 4400  NEW YORK, NY 10017	\$\$	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
11	UNITED NATIONS UNITED NATIONS AVENUE, GIGIRI, P.O. BOX 30552 GIGIRI, NAIROBI, KENYA 00100	\$ 206,128.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	ARGENT PICTURES LLC  800 E PRENTICE AVENUE, STE C5  GREENWOOD VILLAGE, CO 80111	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	THE JOHN D & CATHERINE T MACCARTHUR FOUNDATION  140 S DEARBORN STREET, SUITE 1100  CHICAGO, IL 60603	\$ 150,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	TWINNING HOLDINGS, LLC  8000 E PRENTICE AVENUE, STE C5  GREENWOOD VILLAGE, CO 80111	\$ 200,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f 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

Employer identification number

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describe	in section 501(d	(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete (completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000	r less for the year. (Er	or organizations her this info. once.) \$
, ) hi	Use duplicate copies of Part III if addition	al space is needed.	`	,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
:				
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Turnefaurala nama addusar a	(e) Transfer of gi		
-	Transferee's name, address, al	10 ZIP + 4	Relation	ship 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 g	ft	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gi		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

**Employer identification number** 23-7389749

Par			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and 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 v		ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ration easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	-	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
Dai	conservation easements.  † III   Organizations Maintaining Collections or	f Art Historical Treasures or (	Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form	•	ottlei olilliai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
Id		**	•
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that descri		ance of public service, provide, in Part XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance shoot works of art, historical
D	treasures, or other similar assets held for public exhibition, ed	•	· ·
		ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		17 220
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treatments.	asures or other similar assets for financ	
2	the following amounts required to be reported under SFAS 1		iai gairi, provide
9		· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
a h	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
IJ	Assets included in Form 330, Fall A		Ψ Ψ

Schedule D (Form 990) 2017

23-7389749 Page 2 FOUNDATION, INC.

Par	rt III   Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, c	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sign	ificant use of	its collection items
	(check all that apply):							
а	Public exhibition	d	ı 🔲 Lo	oan or exc	hange progra	ıms		
b	Scholarly research	е	o	ther				
С	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organizati	on's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's c	ollection?			Yes X No
Par	rt IV Escrow and Custodial Arran							IV, line 9, or
	reported an amount on Form 990, Pai	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ontribution	ns or other as	sets not inc	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							
								Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fe						?	Yes No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i	f the organization an	swered "	res" on Fo	orm 990, Part	IV, line 10.		
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back (d)	Three years ba	ck (e) Four years back
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 curr	rent year end balanc	e (line 1g	column (a	a)) held as:			
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment ►	%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	and administe	red for the	organization	
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization							3b
4	Describe in Part XIII the intended uses of the		wment fu	nds.				
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	1			1			
	Description of property	(a) Cost or o			or other		ımulated	(d) Book value
		basis (investr	nent)		(other)	aepre	ciation	116 200
	Land				6,200.		4,417.	116,200
	Buildings			<u> </u>	5,241.		4,41/•	240,824
	Leasehold improvements			<i>C</i> 1	9,084.	20	1,550.	337,534
	Equipment				6,263.	∠0	-	79,451
	Other		V 551 :				6,812.	774,009
rotal	ı. Add iines Ta through Te. (Column (d) must e	uuai rorm 990. Part	<ul> <li>A. COIUMI</li> </ul>	ı (B). IINE İ	IUC.)			114,003

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FOUNDATION,		DD HEADERDIII		3-7389749	Page
Part VII Investments - Other Securities.					1 age
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11b. See Form 990.	Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	id-of-year market v	alue
(A) = 1 + 1 + 1 + 1	. ,			,	
(1) Financial derivatives (2) Closely-held equity interests					
(3) Other					
-					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)  Tatal (Col. (h) must equal Form 000. Part V. col. (P) line 10.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►  Part VIII Investments - Program Related.					
			5		
Complete if the organization answered "Yes"  (a) Description of investment				d of year market y	alua
	(b) Book value	(c) Method of V	aluation: Cost or en	id-oi-year market v	alue
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	5 000 B 111/1		D 177 15		
Complete if the organization answered "Yes"	on Form 990, Part IV, I Description	ine 11a. See Form 990,	Part X, line 15.	(b) Book val	luo
	Description			(b) Book val	iue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	2 15 )				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>= 10.)</i>		······	1	
Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11e or 11f See Forn	n 990 Part Y line 2	5	
(-) Description of Balanta	0111 01111 990, 1 art 10, 1	(b) Book value	1 330, 1 att X, iii e 2	<u>.                                    </u>	
		(S) DOOK VAIGO			
(1) Federal income taxes (2) DEFERRED COMPENSATION PLA	N				
ODI TOMBIONI		85,829.			
	+	03,023•			
(4)	+				
(5)					
<u>(6)</u>					
<u>(7)</u> (8)					
(0)					

<sup>85,829.</sup> Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Part XI | Reconciliation

23-7389749 Page 4

Pai	Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturn	l <b>.</b>
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	6,830,840.
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	0,030,040.
		2a			
	Net unrealized gains (losses) on investments  Donated services and use of facilities	·· — —			
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				0.
_	Add lines 2a through 2d			2e	6,830,840.
3	Subtract line 2e from line 1			3	0,030,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	•			0
_C	Add lines 4a and 4b			4c	0. 6,830,840.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	monto Witl	a Evnancea nor	5 Dot::	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		i Expenses per	Retu	m.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:				5,525,293.
1	Total expenses and losses per audited financial statements			1	3,323,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		25 450		
	Other (Describe in Part XIII.)		25,459.		25 450
е	Add lines 2a through 2d			2e	25,459.
3	Subtract line 2e from line 1			3	5,499,834.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,499,834.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	Iditional infor	mation.		
PAI	RT III, LINE 4:				
AFI	RICAN ART, INCLUDING CARPETS, PAINTINGS AN	ND SCUL	PTURES, AR	E OI	N DISPLAY
AT	THE COLORADO OFFICE TO HELP PRESERVE THE	CULTUR	E THAT THE	OR	GANIZATION
MOI	RKS WITH ON A CONTINOUS BASIS TO ACHIEVE I	PROGRAM	GOALS AND	OB	JECTIVES.
PAI	RT X, LINE 2:				
miti		300 74	0 DEDMATA	T370	шо
THI	ORGANIZATION UTILIZES THE PROVISIONS OF	ASC /4	U, PERTAIN	ING	ТО
3.00	NOTIVITATE TOD INTOTOTAL TAKEN THE THROWS IN A VEC	mii DD	ONOUNCEMEN	m D	OUTDEG MUE
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAXES.	THE PR	ONOUNCEMEN	T K	EQUIRES THE
TTCT	OF A MORE-LIKELY-THAN-NOT RECOGNITION C	, T	DEEODE AM	ים ת	- D Y D Y W E
051	OF A MORE-LIKELI-IHAN-NOI RECOGNIIION C	XIIEKIA	DEFORE AN	ופ ע	EPARAIL
FR	OM THE MEASUREMENT OF A TAX POSITION. AN I	ΖΝͲΤͲϒ	SHALL INTT	TAT	Ţ
	IIIII OI II IIII I ODIII OI ON I		~ <u>+14+</u> 1		<del></del>
RE	COGNIZE THE FINANCIAL STATEMENT EFFECTS OF	F A TAX	POSITION	WHEI	N IT IS
			•		
MOI	RE LIKELY THAN NOT, BASED ON THE TECHNICAL	L MERIT	S, THAT TH	E P	OSITION

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.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS	22,318.
LOSS ON FOREIGN CURRENCY TRANSLATION	3,141.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	25,459.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

lacktriangle 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.

2017
Open to Public Inspection

Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP

FOUNDATION, INC.

**Employer identification number** 

Pa	rt I	General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "\	'es" on
		Form 990, Part IV	/, line 14b.				
1					ds to substantiate the amount of its gr		
	the gr	antees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2	For a	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the					
_	_	d States.	inde iii i die v die	o organization o	procedures for mornioning the doc of it	o granto ana otnor acciotance cat	nde trie
3			ne following Part	· L line 3 table ca	an be duplicated if additional space is	needed )	
		Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		, 9	offices	`émployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
			in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
				contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				in the region			
						CONSERVATION AND	
						WILDERNESS PROTECTION	
SUB-	SAHAR	AN AFRICA	1	1	PROGRAM SERVICES AND GRANTS	PROJECTS	1,440,000.
						CONSERVATION AND	
						WILDERNESS PROTECTION	
EURO	OPE		0		PROGRAM SERVICES AND GRANTS	PROJECTS	417,489.
						CONSERVATION AND	
						WILDERNESS PROTECTION	
NOR	гн аме	RICA	0		PROGRAM SERVICES AND GRANTS	PROJECTS	980,000.
						CONSERVATION AND	
						WILDERNESS PROTECTION	
AUST	ralia		0		PROGRAM SERVICES AND GRANTS	PROJECTS	176,000.
						CONSERVATION AND	
						WILDERNESS PROTECTION	
CARI	RIBBEA	N	0		PROGRAM SERVICES AND GRANTS	PROJECTS	79,489.
						CONSERVATION AND	
	_				L	WILDERNESS PROTECTION	64 000
ASI	A		0		PROGRAM SERVICES AND GRANTS	PROJECTS	61,000.
						CONSERVATION AND	
						WILDERNESS PROTECTION	
N INTITL 7	ARCTIC	7	0		PROGRAM SERVICES AND GRANTS	PROJECTS	70 400
-71/17	INCIIC	A	0		FROGRAM SERVICES AND GRANIS	FROUECIS	79,489.
3 a	Sub-to	otal	1	1			3,233,467.
		rom continuation					
	sheets	s to Part I	0	0			0.
С		(add lines 3a					
	and 3	b)	1	1			3,233,467.

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)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA, FASO,	EDUCATION	14,662.	.WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	704,662.	.WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	73,800.	WIRE	0.		CASH
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	CONSERVATION AND					
		THE UNITED STATES	EDUCATION	204,386.	,WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	47,443.	WIRE	0.		CASH
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	CONSERVATION AND					
		THE UNITED STATES	EDUCATION	240,000.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	285,000.	WIRE	0.		CASH
			CONSERVATION AND					
		ANTARCTICA	EDUCATION	79,489.	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

23-7389749

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		GREENLAND AND						
		ICELAND) -	CONSERVATION AND					
		·	EDUCATION	80,000.	WIRE	0.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
			CONSERVATION AND			_		
		BURKINA FASO,	EDUCATION	50,000.	WIRE	0.		CASH
		CENTRAL AMERICA	CONCEDUATION AND					
			CONSERVATION AND EDUCATION	79,489.	WIDE	0.		CASH
		AND THE CARIBBEAN	EDUCATION	79,409.	WIKE	0.		CASII
		EUROPE (INCLUDING						
		ICELAND &	CONSERVATION AND					
		GREENLAND)	EDUCATION	79,489.	WIRE	0.		CASH
				,				

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.

23-7389749

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2017 FOUNDATION, INC.

Part IV | Foreign Forms 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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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 🗓 Yes 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) Was the organization a direct or indirect shareholder of a passive foreign investment company or a 4 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

Instructions for Form 5713; don't file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2017

23-7389749

Page 4

Schedule F (Form 990) 2017 FOUNDATION, INC. 23-7389749 Page 5

# Part V | Supplemental 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 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.

OMB No. 1545-0047 **2017**Open to Public

Inspection

INTERNATIONAL WILDERNESS LEADERSHIP Name of the organization **Employer identification number** 23-7389749 FOUNDATION, INC. **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) EARTH VISION INSTITUTE 2334 BROADWAY STREET BOULDER, CO 80304 47-2021029 0 RESEARCH AND EDUCATION 380,886, DIRECT IMPACT AFRICA PO BOX 776369 STEAMBOAT SPRINGS, CO 80477 106,760. 0 RESEARCH AND EDUCATION REEF LABS, INC 1415 ARAPAHOE AVE UNIT 1 BOULDER, CO 80302 46-3820665 974,157 0 RESEARCH AND EDUCATION WEAVING EARTH 10570 MILL STATION ROAD RESEARCH AND EDUCATION SEBASTOPOL CA 95472 46-3046041 68 000 0 EARTH VISION FILM PO BOX 776369 81-1155550 0 RESEARCH AND EDUCATION STEAMBOAT SPRINGS, CO 80477 420,250 PAVING TUNDRA T16576 HWY WW WAUSAU, WI 54403 8 196. 0 RESEARCH AND EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	, age i
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
CURRENT LIC							
CURRENT, LLC PO BOX 3864							
JACKSON, WY 83001			5,000.	0.			RESEARCH AND EDUCATION
<u></u>			0,000.				
PHILANTHROPIC VENTURES FOUNDATION							
1222 PRESERVATION PARK WAY							
OAKLAND, CA 84612	94-3136771	501(C)(3)	34,883.	0.			RESEARCH AND EDUCATION
WILDLIFE CONSERVATION NETWORK							
209 MISSISSIPPI STREET							
SAN FRANCISCO, CA 94107	30-0108469	501(C)(3)	5,270.	0.			RESEARCH AND EDUCATION

Schedule I (Form 990) (2017)

FOUNDATION, INC. 23-7389749

(a) Type of grant or assistance	<b>(b)</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
ESEARCH AND EDUCATION	3	106,688.	0.		
		,			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
GRANT REPORT DESCRIBING THE USE	OF FUNDS	ALONG WIT	H THE GRAN	TEE	
RGANIZATION'S FINANCIAL STATEMEN	TS ARE SU	BMITTED AN	D REVIEWED	NO LESS THAN	
NCE A YEAR.					

Page 2

#### **SCHEDULE L**

Department of the Treasury

#### **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

**Open To Public** Inspection

Internal Revenue Service Name of the organization

INTERNATIONAL WILDERNESS LEADERSHIP

**Employer identification number** 

		'OUNDAT										897	49		
Part I	Excess Bene	fit Transa	ctior	<b>1S</b> (section 50	)1(c)(3	), sect	ion 501(c)(4), and 50	)1(c)	(29) organization	ns only	/).				
	Complete if the o	organization a	nswei	red "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V, I	line 40	b.			
1 ,,,,,,,,,		(I	) Rela	ationship betv	veen d	disqua	lified						(d)	Corre	cted?
(a) Nan	ne of disqualified p	person	F	person and or	ganiza	ation	(0	;) De	escription of tran	sactio	n		Ye	es	No
2 Enter t	the amount of tax i	ncurred by th	e orga	anization man	agers	or disc	qualified persons du	ring	the year under						
											<b>&gt;</b> \$				
3 Enter t	the amount of tax,	if any, on line	2, ab	ove, reimburs	ed by	the or	ganization				<b>&gt;</b> \$				
Dowl II	I some to one	May Fyans		rested Dev											
Part II	Loans to and														
	•	-					, Part V, line 38a or F	orn	n 990, Part IV, lin	ie 26;	or if th	e orga	ınizatio	on	
	reported an amo						(10)					<b>(h)</b> Ani	roved	413 VA/	
	(a) Name of (b) Relation interested person with organ			ion of loop from the			(e) Original principal amount	(f	(f) Balance due		In ult?	( <b>h)</b> App by boa	ard or	(i) W agree	rillen ment?
	miles control person.			0110011	<u> </u>	zation?	principal arricant					comm			
			+		То	From				Yes	No	Yes	No	Yes	No
			+												
			+												
			+												
			+												
			+												
			+												
			+												
			+												
Total							<b>&gt;</b> \$								
Part III	Grants or As	sistance E	Bene	fiting Inter	este	d Pe	rsons.								
	Complete if the o	organization a	nswei	red "Yes" on F	orm 9	990, Pa	art IV, line 27.								
(a) Na	ame of interested p	person	(b)	Relationship	betwe	en	(c) Amount of		(d) Type	of		(e)	Purp	ose of	
			in	nterested pers		d	assistance		assistan	ce		á	assista	ance	
				the organiza	ation										
											$\perp$				
											$\dashv$				
											-				

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

23-7389749 Page 2

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 2  (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing o				
(a) Name of interested person	person and the organization	transaction	transaction	organization revenues				
				Yes	No			
FULCRUM PUBLISHING	OFFICER OF THE COMP	499.	PAID FOR BO		Х			
Part V Supplemental Information			•					
Provide additional information for resp	onses to questions on Schedule L (see	instructions).						
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:					
(A) NAME OF PERSON: FULCRU	JM PUBLISHING							
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:					
OFFICER OF THE COMPANY IS	A MEMBER OF THE BOA	RD OF DIREC	TORS.					
(D) DESCRIPTION OF TRANSAC	CTION: PAID FOR BOOK	PUBLICATIO	N SERVICES					

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### 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** 23-7389749

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

A 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 THE BOARD. ONCE A COMPENSATION PACKAGE IS DETERMINED BY THE COMMITTEE, IT 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 XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON FOREIGN CURRENCY TRANSLATION

-3,141.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.	Employer identification number 23-7389749
FORM 990, 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)

Department of the Treasury Internal Revenue Service

#### **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.

Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Open to Public Inspection

Employer identification number 23-7389749

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations 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) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	512(b)(13) colled ity?
				501(c)(3))		Yes	No
WILDERNESS FOUNDATION GLOBAL	4						
11 NEWINGTON STREET	]						
PORT ELIZABETH, SOUTH AFRICA 6001	WILDLIFE CONSERVATION	SOUTH AFRICA					X
FRIENDS OF THE PEACE PARKS, INC - 77-0471097							
717 POPLAR AVE							
BOULDER, CO 80304	WILDLIFE CONSERVATION	COLORADO	501(C)(3)	170(B)(1)(A)			X
-	-						

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

Schedule R (Form 990) 2017 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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	activity Legal domicile (state or foreign proteging) Direct controlling entity Predominant in (related, unrelied excluded from tage)		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Share of end-of-year				Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentag ownership
		country)		sections 512-514)		Share of end-of-year assets  Disproportionate allocations?  Yes No  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Yes No			
								1			

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Citity:	
		country)		2				Yes	No
									<del>                                     </del>
	-								
									<u> </u>
									<u> </u>

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		Х			
	Gift, grant, or capital contribution to related organization(s)					1b	Х				
С	Gift, grant, or capital contribution from related organization(s)					1c		X			
d	Loans or loan guarantees to or for related organization(s)					1d		X			
е	Loans or loan guarantees by related organization(s)					1e		X			
f	Dividends from related organization(s)					1f		Х			
g	g Sale of assets to related organization(s)					1g		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)					1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)											
	n Performance of services or membership or fundraising solicitations by related organization(s)					1m		X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		X			
o Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses					<b>1</b> p		X			
q Reimbursement paid by related organization(s) for expenses											
r	Other transfer of cash or property to related organization(s)					1r		X			
	Other transfer of cash or property from related organization(s)					1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must of										
	(a) (k	b)	(c)		(d)						
		saction	Amount involved	М	ethod of determining amount invo	olved					
	type	e (a-s)									
1)	WILDERNESS FOUNDATION GLOBAL B	3	1,397.	CASH							
	EDITING OF THE DELCE DADGE THE		12 222	G 3 G 11							
2)	FRIENDS OF THE PEACE PARKS, INC L	4	13,200.	CASH							
3)											
4)											
5)		+									
C)											
6)						. /-	- 000	004=			
3216	63 09-11-17				Schedule F	የ (Forn	n 990)	2017			

Schedule R (Form 990) 2017

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

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

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) Are a	)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a partners	ill s sec.	Share of	Share of	Disp	ropor-	Code V-UBI	General	or Percentag
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c) orgs.	)(3) .?	total	end-of-year	alloca	nate ations?	amount in box 20 of Schedule K-1	partner	ownershi
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes I	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
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Schedule R	(Form 990) 2017  Supplemental Infor	FOUNDATION,	INC.	23-7389749 Page 5
Part VII				
	Provide additional inform	ation for responses to qu	estions on Schedule R. See instructions.	

## Form **8868**

(Rev. January 2017)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**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 <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on 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.

must us	se Form 7004 to request an extension of time to file incom	e tax retur	ns.					
				Enter file	er's identifying	number		
Type o	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or			
print	INTERNATIONAL WILDERNESS LI		22 7200	740				
File by the	FOUNDATION, INC.	23-7389749  Social security number (SSN)						
due date f filing your return. Se	717 POPLAR AVENUE	Social se	iSN)					
instruction		or post office, state, and ZIP code. For a foreign address, see instructions. $\hbox{ER}$ , $$ CO $$ $$ 8 0 3 0 4 $$						
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application Return Application						Return		
Is For Code Is For			Is For	Cod				
Form 990 or Form 990-EZ 01 Form 990-T (corporation)			Form 990-T (corporation)		07			
Form 990-BL			Form 1041-A					
Form 4	720 (individual)	03	Form 4720 (other than individual)					
Form 990-PF 04			Form 5227 10					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			1					
Form 9	90-T (trust other than above)	12						
	books are in the care of $\triangleright$ 717 POPLAR AVENumber No. $\triangleright$ 303-442-8811		BOULDER, CO 80304					
<ul><li>If the</li></ul>	e organization does not have an office or place of business	s in the Ur	ited States, check this box			.▶ Ш		
<ul><li>If thi</li></ul>	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole grou	p, check this		
box ►	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extensio	n is for.		
<b>1</b> I	1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return							
fo	or the organization named above. The extension is for the	organizatio	on's return for:					
	$\rightarrow X$ calendar year $2017$ or							
tax year beginning , and ending								
2 If	! If the tax year entered in line 1 is for less than 12 months, check reason:							
	Change in accounting period							
3a If	<b>a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					•		
<u>n</u>	nonrefundable credits. See instructions.					0.		
<u>e</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.		
	c 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.				3c	\$	0.		

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.

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045