

BROCK AND COMPANY COMPANY Certified Public Accountants Business Advisors A PROFESSIONAL CORPORATION

June 10, 2019

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

Dear Vance:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 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, 2018

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

Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2018, or fiscal year beginning	, 2018, and ending	, 20	2018
Department of the Treasury	Do not send to the IRS	. Keep for your records.		2010
Internal Revenue Service	Go to www.irs.gov/Form8879	EO for the latest information.		
Name of exempt organization			Employer id	lentification number
INTERNATIONAL	WILDERNESS LEADERSHIP			
FOUNDATION, I	NC.		23-73	89749
Name and title of officer				
VANCE MARTIN				
PRESIDENT				
Part I Type of	Return and Return Information (Whole I	Dollars Only)		
Check the box for the retu	rn for which you are using this Form 8879-EO and	enter the applicable amount, if any, '	from the retur	n. If you check the box
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	<b>a,</b> below, and the amount on that line for the returr	ו being filed with this form was blank	, then leave lir	ne 1b, 2b, 3b, 4b, or 5b,
	ank (do not enter -0-). But, if you entered -0- on the	return, then enter -0- on the applica	ble line below.	Do not complete more
than one line in Part I.				
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	1b	5,076,891.
2a Form 990-EZ check he	ere 🕨 🛄 🔄 b Total revenue, if any (Form 9	90-EZ, line 9)	2b	
3a Form 1120-POL check	🛾 here 🕨 📃 🛛 b Total tax (Form 1120-PO	L, line 22)	3b	
4a Form 990-PF check he	ere 🕨 📄 b Tax based on investment in	come (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	e 🕨 🗌 👘 b Balance Due (Form 8868, line 3c			
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# Part II 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 2018 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

X lauthorize BROCK AND COMPANY, CPAS, P.C.	to enter my PIN 80304
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au 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 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.	-
Officer's signature  Date  Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 84433280501 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF <i>e-file</i> Providers for Business Returns.	
ERO's signature Date Date	/10/19
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So

Return of Organization Exempt From Income Tax Index social social y numbers on this form as it may be made public.        Deather and the social social y numbers on this form as it may be made public.          Contract of the 2016 calendar year, or tax year beginning and ending       and the social social y numbers on this form as it may be made public.          Contract of the 2016 calendar year, or tax year beginning and ending         Borget of the 2016 calendar year, or tax year beginning and ending         Borget of the 2016 calendar year, or tax year beginning and ending         Contract of the 2016 calendar year, or tax year beginning and ending         Contract of the 2016 calendar year, or tax year beginning and ending         Contract of the 2016 calendar year, or tax year beginning and ending and thereat tax the social and thereat tax that address?         Contract to the 2016 calendar year, or tax year beginning and ending and endin				EXTENDED TO NOVEMBER 15,	201	9		
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Image: Briefly describe the organization's mission or more significant activities: "THE WILD FOUNDATION WORKS         INTERNATIONALLY TO PROTECT AND SUSTAIN WILDERNESS AND WILDLIFE.         2 Check this box >=         3 Number of voting members of the governing body (Part VI, line 1a)         4 Number of voting members of the governing body (Part VI, line 1a)         5 of tal number of individuals employed in calendar year 2018 (Part VI, line 2a)         6 Total number of volunteers (estimate if necessary)         7 a Total unrelated business revenue from Part VIII, column (C), line 2a)         8 Contributions and grants (Part VIII, line 1h)         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         10 Investment income (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)         11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)         13 Grants and similar amounts paid (Part IX, column (A), lines 10)         14 Benefits paid to of romembers (Part IX, column (A), lines 10)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16 Protessional fundraising des (Part IX, column (A), line 12)         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         16 Total tundraising des (Part IX, column (A), line 12)         17 Other expenses. Add lines 13.17 (must equal Part								
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b Net unrelated business taxable income from Form 990-T, line 38         Tb         0.           B         Contributions and grants (Part VIII, line 1h)         6, 689, 420.         4, 913, 985.           9         Program service revenue (Part VIII, line 2g)         38, 535.         34, 179.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         100, 187.         117, 483.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         2, 698.         11, 244.           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)         6, 830, 840.         5, 076, 891.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         4, 058, 849.         3, 912. 216.           14         Benefits paid to or for members (Part IX, column (A), line 19)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         255, 056.         1, 038, 096.         1, 341, 146.           16         Profer expenses (Part IX, column (A), line 25)         5, 499, 834.         5, 691, 240.           19         Revenue less expenses. Subtract line 18 from line 12         1, 038, 096.         1, 341, 146.           19         Revenue less expenses. Subtract line 18 from line 20         4, 365, 635. </td <th>nce</th> <td></td> <td>INTERNA</td> <td>TIONALLY TO PROTECT AND SUSTAIN WILD</td> <td>DERN</td> <td>ESS AND WI</td> <td>LDL:</td> <td>IFE.</td>	nce		INTERNA	TIONALLY TO PROTECT AND SUSTAIN WILD	DERN	ESS AND WI	LDL:	IFE.
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b Net unrelated business taxable income from Form 990-T, line 38         Tb         0.           B         Contributions and grants (Part VIII, line 1h)         6, 689, 420.         4, 913, 985.           9         Program service revenue (Part VIII, line 2g)         38, 535.         34, 179.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         100, 187.         117, 483.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         2, 698.         11, 244.           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)         6, 830, 840.         5, 076, 891.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         4, 058, 849.         3, 912. 216.           14         Benefits paid to or for members (Part IX, column (A), line 19)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         255, 056.         1, 038, 096.         1, 341, 146.           16         Profer expenses (Part IX, column (A), line 25)         5, 499, 834.         5, 691, 240.           19         Revenue less expenses. Subtract line 18 from line 12         1, 038, 096.         1, 341, 146.           19         Revenue less expenses. Subtract line 18 from line 20         4, 365, 635. </td <th>ي م</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ي م							
b Net unrelated business taxable income from Form 990-T, line 38         Tb         0.           B         Contributions and grants (Part VIII, line 1h)         6, 689, 420.         4, 913, 985.           9         Program service revenue (Part VIII, line 2g)         38, 535.         34, 179.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         100, 187.         117, 483.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         2, 698.         11, 244.           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)         6, 830, 840.         5, 076, 891.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         4, 058, 849.         3, 912. 216.           14         Benefits paid to or for members (Part IX, column (A), line 19)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         255, 056.         1, 038, 096.         1, 341, 146.           16         Profer expenses (Part IX, column (A), line 25)         5, 499, 834.         5, 691, 240.           19         Revenue less expenses. Subtract line 18 from line 12         1, 038, 096.         1, 341, 146.           19         Revenue less expenses. Subtract line 18 from line 20         4, 365, 635. </td <th>ies</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>	ies						_	
b Net unrelated business taxable income from Form 990-T, line 38         Tb         0.           B         Contributions and grants (Part VIII, line 1h)         6, 689, 420.         4, 913, 985.           9         Program service revenue (Part VIII, line 2g)         38, 535.         34, 179.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         100, 187.         117, 483.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         2, 698.         11, 244.           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)         6, 830, 840.         5, 076, 891.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         4, 058, 849.         3, 912. 216.           14         Benefits paid to or for members (Part IX, column (A), line 19)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         255, 056.         1, 038, 096.         1, 341, 146.           16         Profer expenses (Part IX, column (A), line 25)         5, 499, 834.         5, 691, 240.           19         Revenue less expenses. Subtract line 18 from line 12         1, 038, 096.         1, 341, 146.           19         Revenue less expenses. Subtract line 18 from line 20         4, 365, 635. </td <th>tivit</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>	tivit						-	
B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       38,535.       34,179.         10       Investment income (Part VII, column (A), lines 3, 4, and 7c)       100,187.       1117,483.         11       Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2,698.       11,244.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)       6,830,840.       5,076,891.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       4,058,849.       3,912,216.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       402,889.       437,878.         16       Professional fundraising fees (Part IX, column (A), line 12)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       1,038,096.       1,341,146.         18       Total expenses (Part IX, column (A), line 12       1,038,096.       1,341,146.         19       Revenue less expenses. Subtract line 18 from line 12       1,038,096.       1,341,146.         19       Revenue less expenses. Subtract line 18 from line 20       1,331,006.       -614,349.         21       Total liabilitics (Part X, line 26) <th>Ac</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>	Ac						_	
B       Contributions and grants (Part VIII, line 1h)       6,689,420.       4,913,985.         9       Program service revenue (Part VIII, line 2g)       38,535.       34,179.         10       Investment income (Part VIII, clumn (A), lines 3, 4, and 7d)       100,187.       117,483.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2,698.       11,244.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       4,058,849.       3,912.216.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       402,889.       437,878.         16a       Professional fundraising fees (Part IX, column (A), line 25)       255,056.       1,038,096.       1,341,146.         17       Other expenses (Part IX, column (A), line 12       1,038,096.       1,341,146.       1,038,096.       1,341,146.         18       Total fundraising expenses. Subtract line 18 from line 12       1,038,096.       1,341,240.       1,038,096.       1,341,349.         19       Revenue less expenses. Subtract line 21 from line 20       4,203,398.       3,429,645.       1.62,237.       4889.291.         20       Total assets (Part X, line 26)       1,622,237.       489.291.       4,203,398.       3,429,645.         21       Total liabilities (Par		a a	Net unrelated	business taxable income from Form 990-1, line 38	<u> </u>		<u>-</u>	
9       Program service revenue (Part VIII, line 2g)       38,535.       34,179.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100,187.       117.483.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2,698.       11,244.         12       Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), line 12)       6,830,840.       5,075,891.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       4,058,849.       3,912,216.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       402,889.       437,878.         16e       Professional fundraising expenses (Part IX, column (D), line 21)       255,056.       1,038,096.       1,341,146.         19       Revenue less expenses. Subtract line 18 from line 12       1,331,006.       -614,349.       8eginning of Current Year       End of Year         20       Total assets (Part X, line 16)       4,365,635.       3,918,936.       162,237.       489,291.       122.       489,231.       3,429,645.         21       Total assets (Part X, line 26)       1,028,398.       3,429,645.       162,237.       489,291.       124.329,645.         22       Notal assets (Part X, line 26)       1,233.1,006.       -614.349.       162,237.       <	•	8	Contributions	and grants (Part VIII, line 1h)				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2, 6, 98.       11, 244.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       6, 83 0, 84 0.       5, 07 6, 89 1.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       4, 058, 849.       3, 912, 216.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       4, 058, 849.       3, 912, 216.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       402, 889.       437, 878.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.       114, 1142.44.       1, 038, 096.       1, 341, 146.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       5, 499, 834.       5, 691, 240.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006.       -614, 349.         20       Total assets (Part X, line 16)       162, 237.       489, 291.         21       Total liabilities (Part X, line 26)       162, 237.       489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 365, 635.       3, 918, 936. <th>nue</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	nue							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2, 6, 98.       11, 244.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       6, 83 0, 84 0.       5, 07 6, 89 1.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       4, 058, 849.       3, 912, 216.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       4, 058, 849.       3, 912, 216.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       402, 889.       437, 878.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.       114, 1142.44.       1, 038, 096.       1, 341, 146.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       5, 499, 834.       5, 691, 240.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006.       -614, 349.         20       Total assets (Part X, line 16)       162, 237.       489, 291.         21       Total liabilities (Part X, line 26)       162, 237.       489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 365, 635.       3, 918, 936. <th>eve</th> <td></td> <td>-</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td>	eve		-	· · · · · · · · · · · · · · · · · · ·				
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       4,058,849.3,912,216.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       402,889.437,878.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       255,056.         17       Other expenses (Part IX, column (D), line 25)       255,056.         17       Other expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       1,038,096.1,341,146.         18       Total tundraising expenses. Subtract line 18 from line 12       1,038,096.1,341,240.         19       Revenue less expenses. Subtract line 18 from line 12       1,331,006614,349.         20       Total assets (Part X, line 26)       21,62,237.489,291.         21       Total assets or fund balances. Subtract line 21 from line 20       4,203,398.3,429,645.         Part II       Signature Block       June 10,2019         Under penalties of periury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       Date         Vance MARTIN, PRESIDENT       Date       Date         Vance MARTIN, PRESI	£							
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       402,889.       437,878.         16a       Professional fundraising ees (Part IX, column (A), line 25)       255,056.       1       0.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.       0.         18       Total expenses (Part IX, column (A), line 25)       255,056.       1       1,038,096.       1,341,146.       5,499,834.       5,691,240.         19       Revenue less expenses. Subtract line 18 from line 12       1,331,006.       -614,349.       8eginning of Current Year       End of Year         20       Total assets (Part X, line 16)       2       1.62,237.       489,291.         21       Total liabilities (Part X, line 26)       1.62,237.       489,291.         22       Net assets or fund balances. Subtract line 21 from line 20       4,203,398.       3,429,645.         Part II       Signature Block       June 10,2019       June 10,2019         Sign       VANCE MARTIN, PRESIDENT       June 10,2019       Date         VANCE MARTIN, PRESIDENT       Type or print name and title       Pod / 06/10/19       g								
1       Distribution (1)       Distribution (2)       Dist       Distribution (2)							_	
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       255, 056.       1, 038, 096.       1, 341, 146.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1, 038, 096.       1, 341, 146.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 499, 834.       5, 691, 240.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006.       -614, 349.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006.       -614, 349.         20       Total assets (Part X, line 16)       4, 365, 635.       3, 918, 936.         21       Total liabilities (Part X, line 26)       162, 237.       489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 203, 398.       3, 429, 645.         Part II       Signature Block       June 10,2019       June 10,2019         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other) than officer. Is based on all information of which preparer has any knowledge.       June 10,2019         Sign       VANCE MARTIN, PRESIDE			•					
17       Other expenses (Part X, column (A), lines T1a-T16, T17-24e)       17, 030, 030, 17, 541, 140, 15, 549, 834, 5, 691, 240, 5, 499, 834, 5, 691, 240, 1, 331, 006, -614, 349.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 331, 006, -614, 349.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006, -614, 349.         20       Total assets (Part X, line 16)       1, 365, 635, 3, 918, 936.         21       Total liabilities (Part X, line 26)       162, 237, 489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 203, 398.       3, 429, 645.         Part II         Signature Block         Under remained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Signature of officer         VANCE MARTIN, PRESIDENT         Type or print name and title         Part II         Part P. ACKERMAN         LEE P. ACKERMAN         VANCE MARTIN, PRESIDENT         Type or print name and title         Print/Type preparer's name       Preparer's signature      <	ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)			_	
17       Other expenses (Part X, column (A), lines T1a-T16, T17-24e)       17, 030, 030, 17, 541, 140, 15, 549, 834, 5, 691, 240, 5, 499, 834, 5, 691, 240, 1, 331, 006, -614, 349.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 331, 006, -614, 349.         19       Revenue less expenses. Subtract line 18 from line 12       1, 331, 006, -614, 349.         20       Total assets (Part X, line 16)       1, 365, 635, 3, 918, 936.         21       Total liabilities (Part X, line 26)       162, 237, 489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 203, 398.       3, 429, 645.         Part II         Signature Block         Under remained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Signature of officer         VANCE MARTIN, PRESIDENT         Type or print name and title         Part II         Part P. ACKERMAN         LEE P. ACKERMAN         VANCE MARTIN, PRESIDENT         Type or print name and title         Print/Type preparer's name       Preparer's signature      <	Sen	16a	Professional f	iundraising fees (Part IX, column (A), line 11e)		0		0.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,499,834.       5,691,240.         19       Revenue less expenses. Subtract line 18 from line 12       1,331,006.       -614,349.         20       Total assets (Part X, line 16)       Beginning of Current Year       End of Year         21       Total liabilities (Part X, line 26)       162,237.       489,291.         22       Net assets or fund balances. Subtract line 21 from line 20       4,203,398.       3,429,645.         Part II         Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other) is based on all information of which preparer has any knowledge.         Sign       VANCE MARTIN, PRESIDENT         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         LEE P. ACKERMAN       LEE P. ACKERMAN         LEE P. ACKERMAN       LEE P. ACKERMAN         Prim's name       BROCK AND COMPANY, CPAS, P.C.         Firm's address       900 S MAIN STREET, SUITE 200         LONGMONT, CO 80501       Phone no.303-776-2160	ĔĂ	17	Other expension	es (Part IX, column (A), lines 11a,11d, 11f,24e)		1.038.096	_	1.341.146.
19       Revenue less expenses. Subtract line 18 from line 12       1,331,006.       -614,349.         20       Total assets (Part X, line 16)       4,365,635.       3,918,936.         21       Total liabilities (Part X, line 26)       162,237.       489,291.         22       Net assets or fund balances. Subtract line 21 from line 20       4,203,398.       3,429,645.         Part II       Signature Block       Signature Block       June 10,2019         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other) than officer) is based on all information of which preparer has any knowledge.       June 10,2019         Sign       Signature of officer       June 10,2019       Date         VANCE MARTIN, PRESIDENT       Date       Print/Type preparer's name       Preparer's signature       Date         Pariat       Print'Type preparer's name       Preparer's signature       Date       P11N         Use Only       Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN & 84-0930288         Isonomy       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160								
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       4, 365, 635.       3, 918, 936.         21       Total liabilities (Part X, line 26)       162, 237.       489, 291.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 203, 398.       3, 429, 645.         Part II Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other) than officer) is based on all information of which preparer has any knowledge.       June 10,2019         Sign       Signature of officer       Date       Date         VANCE MARTIN, PRESIDENT       Date       Print/Type preparer's name       Preparer's signature       P11N         Parid       Print/Type preparer's name       LEE P. ACKERMAN       D6/10/19       Bet-employed       P01224102         Preparer       Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN & 84-0930288       P00 200.         Water on Substance       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160       Phone no.303-776-2160		19						-614,349.
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othen than officer) is based on all information of which preparer has any knowledge.         Sign       June 10,2019         Signature of officer       Date         VANCE MARTIN, PRESIDENT       Date         Type or print name and title       Preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         IEE P. ACKERMAN       LEE P. ACKERMAN       Dest       P1N         If employed       P01224102       P1N       P1N         Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-0930288         Use Only       Firm's address       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160	s or ces							
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othen than officer) is based on all information of which preparer has any knowledge.         Sign       June 10,2019         Signature of officer       Date         VANCE MARTIN, PRESIDENT       Date         Type or print name and title       Preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         IEE P. ACKERMAN       LEE P. ACKERMAN       Dest       P1N         If employed       P01224102       P1N       P1N         Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-0930288         Use Only       Firm's address       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160	sets alan	20	Total assets (I	Part X, line 16)				
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othen than officer) is based on all information of which preparer has any knowledge.         Sign       June 10,2019         Signature of officer       Date         VANCE MARTIN, PRESIDENT       Date         Type or print name and title       Preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         IEE P. ACKERMAN       LEE P. ACKERMAN       Dest       P1N         If employed       P01224102       P1N       P1N         Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-0930288         Use Only       Firm's address       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160	at As	21				-		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign         Sign         Note that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign         Signature of officer         Date         VANCE MARTIN, PRESIDENT         Type or print name and title         Paid         Print/Type preparer's name         LEE P. ACKERMAN         LEE P. ACKERMAN         LEE P. ACKERMAN         LEE P. ACKERMAN         Point/Type preparer's name         Firm's name         BROCK AND COMPANY, CPAS, P.C.         Firm's EIN B 84-0930288         Use Only         Firm's address         900 S MAIN STREET, SUITE 200         Phone no. 303-776-2160	Ž <sup>2</sup>	22				4,203,398	•	3,429,645.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here June 10,2019 Signature of officer Date VANCE MARTIN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature LEE P. ACKERMAN LEE P. ACKERMAN 06/10/19 Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's EIN ▶ 84-0930288 Firm's address ▶ 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no.303-776-2160			•		ototomo	nto and to the heat of	muline	wladge and balief it is
Sign Here       Signature of officer       June 10,2019         VANCE MARTIN, PRESIDENT Type or print name and title       Date         Paid       Print/Type preparer's name       Preparer's signature         LEE P. ACKERMAN       LEE P. ACKERMAN       Date         Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN         Firm's address       900 S MAIN STREET, SUITE 200       Phone no. 303-776-2160							пу кно	iwieuge allu bellel, it is
Sign Here       Signature of officer       Date         VANCE MARTIN, PRESIDENT Type or print name and title       Date         Paid       Print/Type preparer's name       Preparer's signature         LEE P. ACKERMAN       LEE P. ACKERMAN       Date         Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN         Firm's address       900 S MAIN STREET, SUITE 200       Phone no. 303-776-2160	<u>u uo</u> ,	001100			ropurori		10.2	2019
Here       VANCE MARTIN, PRESIDENT Type or print name and title         Paid       Print/Type preparer's name LEE P. ACKERMAN       Preparer's signature LEE P. ACKERMAN       Date 06/10/19       PTIN if self-employed       P01224102         Preparer       Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-09302888         Vise Only       Firm's address       900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501       Phone no. 303-776-2160	Sia	n	Signatur	e of officer			,	
Paid       Print/Type preparer's name       Preparer's signature       Date       Check       PTIN         Paid       LEE P. ACKERMAN       LEE P. ACKERMAN       06/10/19       gettermployed       P01224102         Preparer       Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-0930288         Use Only       Firm's address       900 S MAIN STREET, SUITE 200       Phone no. 303-776-2160			VANC	E MARTIN, PRESIDENT				
Paid       LEE P. ACKERMAN       LEE P. ACKERMAN       06/10/19       provide strained strained provide strained strained strained provide strained			Type or p	print name and title				
Preparer       Firm's name       BROCK AND COMPANY, CPAS, P.C.       Firm's EIN       84-0930288         Use Only       Firm's address       900 S MAIN STREET, SUITE 200       Phone no.303-776-2160								
Use Only Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no. 303-776-2160					0			
LONGMONT, CO 80501 Phone no. 303-776-2160						Firm's EIN	. 8	4-0930288
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	INTERNATIONAL WILDERNESS LEADERSHIP	
-	1990 (2018) FOUNDATION, INC. 23-7389749	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROTECT WILDERNESS WHILE MEETING THE NEEDS OF HUMAN COMMUNITIES WORKING ACROSS CULTURES AND BOUNDARIES BY COLLABORATING WITH LOCAL	
	PEOPLES, ORGANIZATIONS, THE PRIVATE SECTOR, AND GOVERNMENTS TO CRE.	
	DYNAMIC PRACTICAL PROJECTS AND COMMUNICATION INITIATIVES.	AIC
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		s X No
	prior Form 990 or 990-EZ?	
3		s I No
Ū	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 expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	
4a		<b>,389.</b> )
	NATURE NEEDS HALF: PROMOTING THE UNDERSTANDING AND PROTECTION OF	
	WILDERNESS AND WILDLIFE THROUGHOUT THE WORLD; INCREASING PUBLIC	
	AWARENESS THAT NATURE AND PEOPLE NEED TO SHARE THE EARTH EQUALLY.	
4b		)
	LOCATION SPECIFIC PROJECTS IN AFRICA, NORTH AMERICA, AND EUROPE TH	AT
	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, 107, 900.	
		<b>000</b> (001 0)

FOUNDATION, INC.

 Form 990 (2018)
 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•	х	
~	Schedule D, Part III	8	~	
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	•		x
10	, , , ,	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		<u> </u>
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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		v	
	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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u>л</u>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19		19		x
20a	complete Schedule G, Part III	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

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	990 (2018) FOUNDATION, INC. 23-738	9749	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
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	21		
20				
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
54		34	x	
2E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<u> </u>	x
		<u>35a</u>		<u></u>
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>_</b>
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c	x	
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Form 990 (2018) FOUNDATION, INC. 23-7389749 Page						
Pa						0
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority ove	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a	Х	
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribut	-				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	-		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		·····	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		x
	to file Form 8282?	1		7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-			7f 7g		X
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1090-07	7h		- 23
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			8		
0	sponsoring organization have excess business holdings at any time during the year?		·····	•		
9	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	[	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

23-7389749 Page 6

Part VI	Go	vernance, Management, and Disclo	DSURE For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to lir	e 8a, 8b, or 10b below, describe the circumst	ances, 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 1a1			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
~	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:	0-	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		08	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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	
	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	e e,,		
	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	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 303-442-8811			
	717 POPLAR AVENUE, BOULDER, CO 80304			

Form 990 (2018)

Form 990 (	2018)	FOUNDATION,	INC.			23-7
Part VII	Compensation	of Officers, Direc	tors, Trustees,	, Key Employees,	Highest	Compensated
	Employees, an	d Independent Co	ontractors			

#### 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 report-

able 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not o	Pos	ition	than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-10115C)		organization and related
	below	d ual tr	tional		nploy	st cor yee	L_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) VANCE MARTIN	40.00	-	_		-		-			
PRESIDENT		x		x				110,000.	0.	0.
(2) JOEL HOLTROP	2.00									
CHAIR		x		X				0.	0.	0.
(3) CHARLOTTE BARON	2.00									
VICE CHAIR		X		X				0.	0.	0.
(4) EDWARD SANDERS	1.00									
TREASURER		X		Х				0.	0.	0.
(5) LENA GEORGAS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KAT HABER	1.00									_
DIRECTOR		X						0.	0.	0.
(7) DAVID BARRON	1.00									
DIRECTOR		X						0.	0.	0.
(8) LINDSAY ELLIS	1.00									
DIRECTOR		X						0.	0.	0.
(9) CRISTINA MITTERMEIER	1.00									<u> </u>
DIRECTOR	1 0 0	X						0.	0.	0.
(10) MAGALEN BRYANT	1.00	.,						0		0
DIRECTOR	1 00	X						0.	0.	0.
(11) JOHNATHAN MILLER	1.00	.,						0		0
DIRECTOR		X						0.	0.	0.
	-	-	-	<u> </u>			<u> </u>			
		-	-							
		1								
	1						L		1	

INTERNAT			DEI	RNE	ESS	S I	ĿΕ.	ADERSHIP	22 72		740	_	0
Form 990 (2018) FOUNDATIC			005	an	4 Hi	iaho	et (	Compensated Employe	23-73	009	/49	Pag	je <b>o</b>
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	<b>c)</b> ition more rson		one h an	<b>(D)</b> Reportable	(E) Reportable compensation from related		am	(F) timated ount of other	
	(list any hours for related organizations below line) une ine)					organizations (W-2/1099-MIS	s	compen		n d			
1b Sub-total c Total from continuation sheets to Part VI								110,000. 0.		0.			0.
d       Total (add lines 1b and 1c)         2       Total number of individuals (including but n compensation from the organization							► no r	received more than \$100	),000 of reportabl	<b>0.</b> e			0.
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		No X
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? <i>If "Yes,</i> accrue compe	," <i>co</i> nsat	mple ion 1	ete S from	Sche any	edule / unr	e J i relat	for such individual	idual for services		4		<u>х</u>
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	le J f	or si	uch	pers	son .					5		X
Complete this table for your five highest co the organization. Report compensation for										pens	ation fr	om	
(A) Name and business	address	N	ONI	Ξ				<b>(B)</b> Description of s	services	С	(C omper	) Isation	
2 Total number of independent contractors (i \$100,000 of compensation from the organi		not li	mite	d to		se li: 0	steo	d above) who received n	nore than				

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

	rt VII				25 7502	
			ine in this Part VIII			
		Check if Schedule O contains a response or note to any	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fAnocash contributions included in lines 1a-1f: \$	•			
ãŭ	h	Total. Add lines 1a-1f	4,913,985.			
Program Service Revenue	b c d	CCA AND MANAGEMENT FEE       Business Cod         SUBSCRIPTIONS       561000	e 28,400. 5,779.	28,400. 5,779.		
Pro	e f	All other program service revenue				
	a	Total. Add lines 2a-2f	34,179.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	41,478.			41,478.
	b c	(i) Real       (ii) Personal         Gross rents	-			
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	•			
		Gain or (loss) 69,039. 6,966		6.066		60.000
venue		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	76,005.	6,966.		69,039.
Other Revenue		Part IV, line 18 a b b	-			
	9 a	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b	_			
	с 10а	Net income or (loss) from gaming activities         Gross sales of inventory, less returns         and allowances         Less: cost of goods sold         b				
		Net income or (loss) from sales of inventory	451.	451.		
	11 a	Miscellaneous Revenue         Business Cod           OTHER INCOME         900099		10,793.		
	b C d	All other revenue				
	е	Total. Add lines 11a-11d	10,793.	F0 200		110 515
	12	Total revenue. See instructions	5,076,891.	52,389.	0.	Form <b>990</b> (2018)

Form 990 (2018)

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Form 990 (2018) FOUNDATION, II 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	X
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,869,637.	1,869,637.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	64,759.	64,759.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 000 000	1 000 000		
	individuals. See Part IV, lines 15 and 16	1,977,820.	1,977,820.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110,000.	43,890.	32,780.	33,330
~	trustees, and key employees	110,000.	43,090.	52,700.	55,550
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	252,508.	100,581.	77,140.	74,787
7 8	Pension plan accruals and contributions (include			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1, , 0, 1
0	section 401(k) and 403(b) employer contributions)	29,436.	14,436.	15,000.	
9	Other employee benefits	17,100.		17,100.	
10	Payroll taxes	28,834.	12,065.	8,189.	8,580
11	Fees for services (non-employees):			- ,	-,
	Management				
	Legal				
	Accounting	61,792.	49,964.	6,015.	5,813.
	Lobbying				· · · · ·
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	775,826.	627,323.	75,516.	72,987.
12	Advertising and promotion	896.	175.	418.	303.
13	Office expenses	84,457.	71,964.	10,000.	2,493.
14	Information technology	19,297.	15,634.	3,411.	252.
15	Royalties				
16	Occupancy				
17	Travel	199,541.	133,033.	14,525.	51,983.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	04 040	80.200	04 504	
22	Depreciation, depletion, and amortization	94,840. 10,346.	70,306.	24,534.	
23	Insurance	10,340.		10,346.	
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) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	39,143.	27,337.	10,663.	1,143.
b	DUES AND SUBSCRIPTIONS	25,238.	16,044.	8,546.	648.
с	FUNDRASING	11,364.	9,189.	1,106.	1,069.
d	PRINTING AND PUBLICATIO	10,639.	3,667.	5,304.	1,668.
е	All other expenses	7,767.	76.	7,691.	
25	Total functional expenses. Add lines 1 through 24e	5,691,240.	5,107,900.	328,284.	255,056
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2018

# Form 990 (2018) Part X Balance Sheet

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

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Pal		Balance Sneet				
		Check if Schedule O contains a response or note to any	ine in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,264,586.	1	1,484,648.
	2	Savings and temporary cash investments		396,734.	2	290,371.
	3	Pledges and grants receivable, net		73,145.	з	6,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offic				
		trustees, key employees, and highest compensated emp	loyees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified perso	ons (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			
ţ		employees' beneficiary organizations (see instr). Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,934.	9	15,819.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,087,436.			
	b	Less: accumulated depreciation 10b	352,553.	774,009.	10c	734,883.
	11	Investments - publicly traded securities		763,398.	11	1,293,513.
	12	Investments - other securities. See Part IV, line 11		85,829.	12	93,702.
	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)		4,365,635.	16	3,918,936.
	17	Accounts payable and accrued expenses		76,408.	17	133,118.
	18	Grants payable			18	
	19	Deferred revenue	0.	19	250,000.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
es	22	Loans and other payables to current and former officers,	directors, trustees,			
liti		key employees, highest compensated employees, and di	squalified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	parties	0.	23	12,471.
	24	Unsecured notes and loans payable to unrelated third pa	irties		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		85,829.	25	93,702.
	26	Total liabilities. Add lines 17 through 25		162,237.	26	489,291.
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ 🛛 🗶 and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		2,095,878.	27	2,094,458.
Balá	28	Temporarily restricted net assets		2,107,520.	28	1,335,187.
Π	29	Permanently restricted net assets	<u></u> [		29	
Εu		Organizations that do not follow SFAS 117 (ASC 958),	check here			
P		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 Fund Balances	32	Retained earnings, endowment, accumulated income, or			32	
z	33	Total net assets or fund balances		4,203,398.	33	3,429,645.
	34	Total liabilities and net assets/fund balances		4,365,635.	34	3,918,936.

Form **990** (2018)

INTERNATION	AL WILDERNESS	LEADERSHIP
FOINDATTON	TNC	

Form	1990 (2018) FOUNDATION, INC.	23-7	7389749	Pag	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,076		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,691		
3	Revenue less expenses. Subtract line 2 from line 1	3	-614		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,203	3,3	98.
5	Net unrealized gains (losses) on investments	5	-150	),4	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 8	3,9	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,429	9,6	<u>45.</u>
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury				omplete if the organ 494	rity Status an nization is a section 50 <sup>°</sup> 47(a)(1) nonexempt cha Attach to Form 990 or F	1(c)(3) org Iritable tru	anization ıst.			OMB No. 1545-0047	
		nue Service	►		/Form990 for instruction			nformation.		Inspection	
Nar	ne of t	the organizati		RNATIONAL DATION, IN	WILDERNESS L C.	EADER	SHIP			ridentification number 3-7389749	
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	ee instruction:			
The	organ				For lines 1 through 12, c						
1			-		on of churches describe						
2		-			Attach Schedule E (Forn						
3					anization described in <b>s</b>			ii).			
4		•	•		njunction with a hospita			•	)(iii). Enter	the hospital's name.	
•		city, and state			· · · · · · · · · · · · · · · · · · ·				<b>X).</b>	,	
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental u	unit descrit	oed in	
				Complete Part II.)	0 ,	•	, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Χ	An organizati	on that norma	Illy receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from t	he general	public described in	
				omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the collec	ge or	
		university:									
10		An organizati	on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from	
		activities relation	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment	
		income and u	inrelated busii	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
		See section	5 <b>09(a)(2).</b> (Coi	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	arry out the	e purposes of one or	
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section !	5 <b>09(a)(3).</b> (	Check the box in	
			-		of supporting organizatio		-		-		
a					upervised, or controlled						
					gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
				complete Part IV, Se							
b				-	l or controlled in connec			-		-	
			U	11 0 0	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	oported	
		¬ ٽ	()	t complete Part IV,							
c					g organization operated				lly integrat	ed with,	
		- ··	0	()(	b). You must complete l				tad araan	ization(a)	
c		••	-	• • •	oorting organization oper zation generally must sa				•		
			,	0 0	nplete Part IV, Sections				u an alleni	liveness	
e		- ·	•		written determination fro						
					nally integrated support			, iype i, iype	n, rype n		
f	Ente										
c				n about the supporte						·	
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
					<b>_</b>						
<del>.</del>											
Tot	ai										

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Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3402623.	3907560.	5341515.	6689420.	4913985.	24255103.			
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	3402623.	3907560.	5341515.	6689420.	4913985.	24255103.			
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)						2475538.			
6	Public support. Subtract line 5 from line 4.						21779565.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total			
7	Amounts from line 4	3402623.	3907560.	5341515.	6689420.	4913985.	24255103.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources $\dots$	17,718.	27,127.	21,601.	27,841.	41,478.	135,765.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	4,947.	12,926.	23,358.	2,648.	11,244.				
11	Total support. Add lines 7 through 10						24445991.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	16,231.			
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
_	organization, check this box and stop	here					▶∟_			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			r				
	Public support percentage for 2018 (I					14	89.09 %			
	Public support percentage from 2017					15	85.98 %			
16a	33 1/3% support test - 2018. If the c									
	stop here. The organization qualifies									
b	33 1/3% support test - 2017. If the c	-								
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac				-	-				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	-								
	more, and if the organization meets th									
	organization meets the "facts-and-circ									
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	is 🕨 📖			

## Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. 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.)

Section	on A. Public Support						
Calenda	ar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gi	fts, grants, contributions, and						
m	embership fees received. (Do not						
ind	clude any "unusual grants.")						
2 Gr mo foi an	oss receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ly activity that is related to the						
	ganization's tax-exempt purpose						
	oss receipts from activities that						
	e not an unrelated trade or bus- ess under section 513						
<b>4</b> Ta	x revenues levied for the organ-						
iza	ation's benefit and either paid to						
or	expended on its behalf						
5 Th	le value of services or facilities						
	rnished by a governmental unit to						
	e organization without charge						
	otal. Add lines 1 through 5						
	nounts included on lines 1, 2, and						
	received from disgualified persons						
<b>b</b> Am froi	ounts included on lines 2 and 3 received m other than disqualified persons that						
exc	ceed the greater of \$5,000 or 1% of the ount on line 13 for the year						
	d lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	on B. Total Support						
	ar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	nounts from line 6	(4) 2014	(6) 2010	(0) 2010		(0) 2010	(i) rotai
<b>10a</b> Gr div se	oss income from interest, vidends, payments received on curities loans, rents, royalties, id income from similar sources						
	related business taxable income						
(le	ss section 511 taxes) from businesses						
ac	quired after June 30, 1975						
<b>c</b> Ac	dd lines 10a and 10b						
11 Ne ac wł	et income from unrelated business tivities not included in line 10b, nether or not the business is gularly carried on						
or	her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	tal support. (Add lines 9, 10c, 11, and 12.)						
14 Fi	r <b>st five years.</b> If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	anization,
	eck this box and <b>stop here</b>	<u></u>					
Section	on C. Computation of Publi	c Support Pe	rcentage				
<b>15</b> Pu	Iblic support percentage for 2018 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16 Pu	ublic support percentage from 2017	Schedule A, Part	III, line 15			16	%
Section	on D. Computation of Inves	tment Incom	e Percentage				
<b>17</b> In	vestment income percentage for 20	18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	vestment income percentage from 2		'			18	%
	<b>1/3% support tests - 2018.</b> If the						
	ore than 33 1/3%, check this box ar						
	<b>1/3% support tests - 2017.</b> If the						%. and
	e 18 is not more than 33 1/3%, che	•					·
	ivate foundation. If the organization			•		•	
				, c, onook t			····· F 🖵

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		V	
1		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	<b>F</b> -		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	-		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		

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<u>Sch</u> e		23-738974	9 Pa	ige <b>5</b>
Pa	t IV Supporting Organizations (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		
	A family member of a person described in (a) above?	11b		L
	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		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 inst	ructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entit	y (see instructions	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		L
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

## INTERNATIONAL WILDERNESS LEADERSHIP Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Sche	dule A (Form 990 or 990-EZ) 2018 FOUNDATION, I	NC.	2	23-7389749 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018	INTERNATIONAL FOUNDATION T		LEADERSHIP	23-7389749 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 1 line 1; Part IV, Section D, lin	<b>nation.</b> Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, nes 2 and 3; Part IV, Sectic	nations required by Pa 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a o 11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part nplete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

# 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

2018

Employer identification number

Name of the organization							
	INTERNATIONAL	WILDERNESS	LEADERSHIP				

FOUNDATION, INC.

23-7389749

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**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) (2018)

Name of organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number

23-7389749

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition:	al 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	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INTERNATIONAL CONSERVATION FUND OF CANADA P.O. BOX 40 CHESTER, NOVA SCOTIA, CANADA B0J 1J0	\$ <u>170,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	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
<u>4</u>	IWT FUND, LTS INTERNATIONAL LTD         PENTLANDS SCIENCE PARK, BUSH LOAN         PENICUIK, SCOTLAND, UNITED KINGDOM         EH26 0PL	\$188,547.	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	JUSTIN BROOKS FISHER FOUNDATION 330 GRANT ST, STE 200 PITTSBURGH, PA 15219	\$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
6	WENDY AND ERIC SCHMIDT 555 BRYANT ST # 370 PALO ALTO, CA 94301	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

23-7389749

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	THE TUSK TRUST 4 CHEAPSIDE HOUSE HIGH STREET GILLINGHAM, DORSET, UNITED KINGDOM SP8 4AA	\$ <u>109,859.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	MINUSMA MINUSMA HEADQUARTERS BAMAKO, MALI 91093	\$ <u>276,476.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	UNITED NATIONS UNITED NATIONS AVENUE, GIGIRI, P.O. BOX 30552 GIGIRI, NAIROBI, KENYA 00100	\$ <u>213,726.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4         THE JOHN D & CATHERINE T MACCARTHUR         FOUNDATION         140 S DEARBORN STREET, SUITE 1100         CHICAGO, IL 60603	Total contributions         \$         150,000.	Type of contribution         Person       X         Payroll			
(a)	(b) Nome address, and ZID + 4	(c) Total contributions	(d) Type of contribution			
<u>No.</u>	Name, address, and ZIP + 4         CAF FOUNDATION AMERICA         225 REINEKERS LANE, SUITE 375         ALEXANDRIA, VA 22314	\$ 222,707.	Type of contribution         Person       X         Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>    12</u>	DALIO FOUNDATION       1 GLENDINNING PLACE       WESTPORT, CT 06880	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number

23-7389749

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE JPB FOUNDATION 875 THIRD AVENUE, 29TH FLOOR NEW YORK, NY 10022	\$\$\$\$	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II (a)

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Employer identification number

23-7389749

(c)

	NATIONAL WILDERNESS LEA	DERSHIP	Employer identification number
FOUNDA Part III	from any one contributor. Complete columns (a	) through (e) and the following line e charitable, etc., contributions of \$1,000 o	23-7389749 n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee

SC	HEDULE D	l	Suppleme	nt	al Financia	l Statem	onte		ŀ	OMB No.	1545-0047
	(Form 990) (Form 990)			n 990.			20	18			
	Department of the Treasury			Attach to Form 990. 90 for instructions and the latest information.					Open 1 Inspec	to Public tion	
	Name of the organization INTERNATIONAL WILDERNESS LEAD					mormation.	Emp	lover	•	on number	
	FOUNDATION, INC.				-	2	3-7389	749			
Par	t I Organiza	ations	Maintaining Donor Adv	/ise	ed Funds or O	her Similar F	unds or A	ccou	nts.	Complete if	the
	organizatio	n answe	red "Yes" on Form 990, Part IV	V, lir							
					(a) Donor	advised funds	(	b) Fun	ds and	d other acco	ounts
1			ar								
2			utions to (during year)								
3 4			from (during year) year								
5			all donors and donor advisors			sets held in dono	r advised fun	ds			
Ū	-		perty, subject to the organization		-					Yes	No
6			all grantees, donors, and dor								
	-		d not for the benefit of the dor		-	-		-			
	impermissible priv	ate bene	efit?							Yes	No No
Par	t II Conserv	ation I	Easements. Complete if the	e or	ganization answere	ed "Yes" on Form	990, Part IV,	line 7			
1			easements held by the organ			apply).					
			for public use (e.g., recreation	or	education)	☐ Preservation of		•			
	Protection o					Preservation of	a certified his	storic	structu	ure	
0	Preservation	•	•		ified encouration .	a a tuila uti a a ita tia.					
2	day of the tax year	•	2d if the organization held a q	luai	med conservation (	contribution in the	e form of a co	nserva			the Tax Year
а			ion easements					2a	IICIU 8		
b			conservation easements					2b			
c			asements on a certified histori					2c			
d			asements included in (c) acqui								
	listed in the National Register										
3			asements modified, transferred					izatior	n durin	g the tax	
	year 🕨										
4			roperty subject to conservation								
5			e a written policy regarding the							<u> </u>	
•			nt of the conservation easemen								└── No
6	Staff and voluntee	r nours (	devoted to monitoring, inspect	ling	, handling of violati	ons, and enforcin	g conservation	on eas	ement	s during the	e year
7	Amount of expens		red in monitoring, inspecting, I	non	dling of violations	and enforcing co	servation ea	somor	nte dur	ring the yea	r
'	► \$		rea in monitoring, inspecting, i	an	uning of violations,	and enforcing col	ISEI VALIOIT EA	Semer	its uui	ing the yea	1
8		vation e	asement reported on line 2(d) a	abo	ve satisfy the requ	rements of section	on 170(h)(4)(E	3)(i)			
			?		•					Yes	No No
9			he organization reports conse							lance sheet	t, and
	include, if applicat	ole, the t	ext of the footnote to the orga	niza	ation's financial sta	ements that des	cribes the org	ganizat	ion's a	accounting	for
	conservation ease										
Par			Maintaining Collection		-	-	or Other s	Simil	ar As	ssets.	
			anization answered "Yes" on F								
та			as permitted under SFAS 116								
			er similar assets held for public its financial statements that de			, or research in it	intrierance of	public	Servic	e, provide,	in Part Alli,
h			as permitted under SFAS 116			n its revenue stat	ement and h	alance	sheel	t works of a	rt. historical
~	-		assets held for public exhibitio								
	relating to these it		····	, -	,		,	, P			5
	-		Form 990, Part VIII, line 1						\$		
			m 990, Part X						-	4	7,229.
2	If the organization	received	d or held works of art, historica	al tre	easures, or other si	milar assets for fi	nancial gain,	provid	e		
			uired to be reported under SFA								
			1 990, Part VIII, line 1								
b	Assets included in	Form 9	90, Part X						\$		

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		INTERNA	TIONAL W	ILDERN	ESS LE	EADERSH	IP			
Sche	dule [	D (Form 990) 2018 FOUNDAT	ION, INC	•				23-	7389749	Page <b>2</b>
	t III		Collections o	f Art, His	torical Tr	reasures, o	or Other			
3	Usin	g the organization's acquisition, accessi								
		ck all that apply):	,	,	,	5	5			
а		Public exhibition		d 🗌	l oan or exc	change progra	ams			
b		Scholarly research								
c	X	Preservation for future generations		<b>u</b>						
4		ide a description of the organization's c	ollections and ex	nlain how th	ov further t	the organizati	on's evemn	t nurnosa in	Part XIII	
5		ng the year, did the organization solicit of							i art An.	
5		e sold to raise funds rather than to be m							Yes	X No
Par	t IV									
1 41		reported an amount on Form 990, Pa		inpiete il trie	organizatio	JITanswered		nn 990, Fan	11, 1116 9, 01	
10	le th			modion for	oontributio	no or other oo	aata nat ing	hudad		
Ia		e organization an agent, trustee, custod		-					Vee	
	on F	orm 990, Part X?		· · · ·					Yes	└── No
b	IT "Ye	es," explain the arrangement in Part XIII	and complete tr	ne following i	table:					
									Amount	
		nning balance						1c		
		tions during the year						1d		
е		ibutions during the year						1e		
f		ng balance						lf If		
2a	Did t	he organization include an amount on F	orm 990, Part X,	line 21, for	escrow or c	ustodial acco	unt liability	?	Yes	No No
_		es," explain the arrangement in Part XIII.								
Par	τv	Endowment Funds. Complete i	if the organizatio	n answered	"Yes" on F	1				
			(a) Current ye	ar <b>(b)</b> P	rior year	(c) Two year	rs back (d)	Three years b	ack <b>(e)</b> Four y	ears back
1a	Begi	nning of year balance								
b	Cont	ributions								
с	Net i	nvestment earnings, gains, and losses								
d	Gran	ts or scholarships								
е	Othe	er expenditures for facilities								
	and	programs								
f		inistrative expenses								
g		of year balance								
2		ide the estimated percentage of the cur		lance (line 1	g, column (	a)) held as:	•		•	
а		d designated or quasi-endowment	-	%						
b		nanent endowment	%							
с	Tem	porarily restricted endowment		%						
-		percentages on lines 2a, 2b, and 2c sho								
3a		here endowment funds not in the posse	-		at are held a	and administe	red for the	organization		
04	by:							organization		es No
	-	unrelated organizations							3a(i)	
h	(II) I	related organizations es" on line 3a(ii), are the related organiza	tiona listad as r	auirad an S	obodulo PC	······			3b	
						·			30	
4	t VI	Land, Buildings, and Equipm		endowment	tunas.					
Fai					/ line 11e /			- 10		
		Complete if the organization answere				1				
		Description of property		or other	• •	t or other	• •	imulated	(d) Book	value
			basis (inv	restment)		(other)	aepre	ciation	110	200
		1				L6,200.		0 001		,200.
		lings			29	95,241.	6	2,281.	232	,960.
		ehold improvements						2 0 2 0		101
d	Equi	pment				70,732.	28	3,238.		,494.
		er				)5,263.		7,034.		,229.
Tota	. Add	lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X, colur	nn (B), line	10c.)		🕨	734	,883.

Schedule D (Form 990) 2018

INTERNATION	AL WILDERNESS	LEADERSHIP
	TNO	

Schedule D (Form 990) 2018 FOUNDATION ,	INC.	Ζ	3-7389749 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	De Form 000 Dort IV	/ line 11e See Form 000 Dort V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
		(c) Method of Valdation. Cost of e	nu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		/, line 11d. See Form 990, Part X, line 15.	_
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			_
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes" of	n Form 990 Part IV	/ line 11e or 11f See Form 990 Part X line /	25
(a) Description of lightlift (		(b) Book value	
(1) Federal income taxes	<del>.</del>		
(2) DEFERRED COMPENSATION PLAN	1		
(3) OBLIGATION		93,702.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		02 702	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		93,702.	
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under l	FIN 48 (ASC 740). C	Check here if the text of the footnote has bee	en provided in Part XIII 🛛 🗴

		INTERNATIONAL WILDERNESS I	LEADERS					
-	Schedule D (Form 990) 2018 FOUNDATION, INC.					23-7389749 Page 4		
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 12	a.					
1	Total reve	nue, gains, and other support per audited financial statements			1	5,076,891.		
2	Amounts i	ncluded on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrea	lized gains (losses) on investments	2a					
b	Donated s	ervices and use of facilities	2b					
С	Recoverie	s of prior year grants	2c					
d		scribe in Part XIII.)						
е	Add lines	2a through 2d			2e	0.		
3		ine <b>2e</b> from line <b>1</b>			3	5,076,891.		
4		ncluded on Form 990, Part VIII, line 12, but not on line 1:						
а	Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Des	scribe in Part XIII.)	4b					
с	Add lines	4a and 4b			4c	0.		
5		nue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	5,076,891.		
Pa	rt XII Re	econciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	rn.		
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 12	a.					
1	Total expe	enses and losses per audited financial statements			1	5,850,644.		
2	Amounts i	ncluded on line 1 but not on Form 990, Part IX, line 25:						
а	Donated s	ervices and use of facilities	2a					
b	Prior year	adjustments	2b					
с		es						
d	Other (Des	scribe in Part XIII.)	2d	159,404.				
е	Add lines	2a through 2d			2e	159,404.		
3	Subtract I	ine <b>2e</b> from line <b>1</b>			3	5,691,240.		
4		ncluded on Form 990, Part IX, line 25, but not on line 1:						
а	Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Des	scribe in Part XIII.)	4b					
с	Add lines	4a and 4b			4c	0.		
5		enses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	5,691,240.		
Pa	rt XIII Su	pplemental Information.						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 additional information.

#### PART III, LINE 4:

AFRICAN ART, INCLUDING CARPETS, PAINTINGS AND SCULPTURES, ARE ON DISPLAY AT THE COLORADO OFFICE TO HELP PRESERVE THE CULTURE THAT THE ORGANIZATION WORKS WITH ON A CONTINOUS BASIS TO ACHIEVE PROGRAM GOALS AND OBJECTIVES.

PART X, LINE 2:

THE ORGANIZATION UTILIZES THE PROVISIONS OF ASC 740, PERTAINING TO

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE

USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE

FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY

RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS

#### MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION

INTERNATIONAL WILDERNESS LEADERSHIP				
Schedule D (Form 990) 2018	FOUNDATION, INC.	23-7389749 Page 5		
Part XIII Supplemental Infor				
WILL BE SUSTAINED U	PON EXAMINATION. WITH RESPECT TO THE ORGAN	NIZATION, THIS		
WOULD PRIMARILY REL	ATE TO THE DETERMINATION OF UNRELATED BUS	INESS TAXABLE		
INCOME AND TO THE M	AINTENANCE OF ITS TAX EXEMPT STATUS.			
MANAGEMENT HAS EVAL	UATED THE ADOPTED POLICIES AND PROCEDURES	THAT HAVE		
BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY				
CHARACTERIZED AND A	CTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT :	STATUS ARE		
WITHIN LIMITS ESTAB	LISHED UNDER EXISTING TAX CODE AND REGULA	TIONS.		

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	150,474.
LOSS ON FOREIGN CURRENCY TRANSLATION	8,930.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	159,404.

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates	OMB No. 1545-0047	
SCHEDULE F (Form 990)Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2018		
Department of the Treasury		-	Attach to Form 990.			Open to Public	
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	st information.		Inspection	
Name of the organization			CUITD		Employer ic	lentification number	
INTERNATIONAL W FOUNDATION, INC		5 LEADER	SHIP		23-738	9749	
		Activities Ou	tside the United States. Comp	lete if the organ			
Form 990, Part IV							
	•	n maintain recor	ds to substantiate the amount of its g	rants and other	assistance,		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	X Yes No	
-	ribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and c	ther assistanc	e outside the	
United States.	ho following Pad	t L lino 3 tablo o	an be duplicated if additional space is	noodod )			
(a) Region	(b) Number of	(c) Number of	· · ·	1	vity listed in (d	) <b>(f)</b> Total	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures	
	in the region	I independent	gram services, investments, grants to		e specific type	for and investments	
		contractors in the region	recipients located in the region)	of service	of service(s) in the region		
				CONSERVATIO	ON AND		
				WILDERNESS	PROTECTION		
				PROJECTS			
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES AND GRANTS	;LISTTOTAL		750,000.	
				CONSERVATIO	ON AND PROTECTION		
				PROJECTS	PROIECTION		
EUROPE	0	0	PROGRAM SERVICES AND GRANTS	;LISTTOTAL	980000	322,000.	
				/			
				CONSERVATIO	ON AND		
				WILDERNESS	PROTECTION		
NORTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS	PROJECTS		1,094,000.	
				CONSERVATIO			
		0	DROGRAM GERVICES AND GRANMS		PROTECTION	24.000	
AUSTRALIA	0	0	PROGRAM SERVICES AND GRANTS	PROJECTS		34,000.	
				CONSERVATIO	ON AND		
				WILDERNESS	PROTECTION		
CARRIBBEAN	0	0	PROGRAM SERVICES AND GRANTS	PROJECTS		0.	
				CONSERVATIO	ON AND		
					PROTECTION		
ASIA	0	0	PROGRAM SERVICES AND GRANTS	PROJECTS		0.	
				CONSERVATIO	רזא גאר		
					PROTECTION		
ANTARCTICA	0	o	PROGRAM SERVICES AND GRANTS	PROJECTS	INOTHETION	0.	
3 a Subtotal	1	. 1				2,200,000.	
<b>b</b> Total from continuation						_	
sheets to Part I	0	0				0.	
c Totals (add lines 3a and 3b)	1	. 1				2,200,000.	

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

FOUNDATION, INC.

23-7389749

Part II 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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA, FASO,	EDUCATION	18,114.	WIRE	Ο.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	577,048.	WIRE	Ο.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	68,000.	WIRE	Ο.		CASH
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT	CONSERVATION AND					
		THE UNITED STATES	EDUCATION	8,156.	WIRE	Ο.		CASH
		EUROPE (INCLUDING						
		GREENLAND AND						
		ICELAND) -	CONSERVATION AND					
		ALBANIA, ANDORRA	EDUCATION	15,950.	WIRE	Ο.		CASH
		EUROPE (INCLUDING						
		GREENLAND AND						
		ICELAND) -	CONSERVATION AND					
		ALBANIA, ANDORRA	EDUCATION	10,000.	WIRE	Ο.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	90,250.	WIRE	0.		CASH
			CONSERVATION AND					
		ANTARCTICA	EDUCATION	1070732.	WIRE	0.		CASH
			recognized as charities by the		, recognized as tax-e	xempt		
by the IRS, or for whic	ch the grantee or cou	unsel has provided a sec	tion 501(c)(3) equivalency lette	er		► _		
3 Enter total number of	other organizations	or entities		<u></u>		►		

Schedule F (Form 990) 2018

Page 2

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Schedule F (Form 990) 2018 FOU

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

### Part III can be duplicated if additional space is needed.

Part III can be duplicated if	additional space is neede						-i
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CONSERVATION AND EDUCATION	NORTH AMERICA	1	15,000.	WIRE	0.		CASH
	SUB-SAHARAN						
CONSERVATION AND EDUCATION	AFRICA	1	15,000.	WIRE	0.		САЅН
CONSERVATION AND EDUCATION	EAST ASIA AND THE PACIFIC	2	25,000.	WIRE	0.		САЅН
	EUROPE (INCLUDING ICELAND &						
CONSERVATION AND EDUCATION	GREENLAND)	1	15,000.	WIRE	0.		CASH
	MIDDLE EAST AND						
CONSERVATION AND EDUCATION	NORTH AFRICA	3	30,000.	WIRE	0.		CASH
CONSERVATION AND EDUCATION	SOUTH AMERICA	1	15,000.	MTD F	0.		CASH
CONSERVATION AND EDUCATION	SOUTH AMERICA	Ľ	15,000.	WIKE	0.		CASh
CONSERVATION AND EDUCATION	SOUTH ASIA	1	10,000.	WIRE	0.		CASH

Schedule F (Form 990) 2018

23-7389749

Page 3

Sched	ule F (Form 990) 2018 FOUNDATION, INC.	23-7389749	Page 4
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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

INTERNATIONAL WILDERNESS LEADERSHIP		
Schedule F (Form 990) 2018 FOUNDATION, INC.	23-7389749	Page <b>5</b>
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting the second seco		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho		)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	lation. 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 REVI	EWED NO LESS	
THAN ONCE A YEAR.		
PART I, LINE 3:		
ACCRUAL METHOD USED AND REPORTED AS GRANTS AND PROJECTS.		
;LISTTOTAL 1440000		

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.										
Name of the organizat	ion INTERNATI FOUNDATIO		DERNESS LEAD	-				Inspection Employer identification number 23-7389749				
Part I General Ir	formation on Grants a	-						25-1509149				
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction				
	award the grants or assi		-					X Yes No				
	IV the organization's pro											
	d Other Assistance to	-				anization answered "	′es" on Form 990, Par	t IV, line 21, for any				
	hat received more than		· ·	· ·		(f) Method of						
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
EARTH VISION INST 2334 BROADWAY STF	REET	47 2021020		430.057	0			DEGENDOU AND EDVOLUTION				
BOULDER, CO 80304	E	47-2021029		439,957.	0.			RESEARCH AND EDUCATION				
BIOCOLLECTION INC 3475 EDISON WAY MENLO PARK, CA 94				10,000.	0.			RESEARCH AND EDUCATION				
REEF LABS, INC 1415 ARAPAHOE AVE BOULDER, CO 80302		46-3820665		816,869.	0.			RESEARCH AND EDUCATION				
CORAL VITA, INC. 3400 PROSPECT STR WASHINGTON, DC 20				10,000.	0.			RESEARCH AND EDUCATION				
EARTH VISION FILM PO BOX 776369												
STEAMBOAT SPRINGS	s, CO 80477	81-1155550		554,305.	0.			RESEARCH AND EDUCATION				
PHILANTHROPIC VEN 1222 PRESERVATION OAKLAND, CA 84612	I PARK WAY	94-3136771	501(C)(3)	24,000.	0.			RESEARCH AND EDUCATION				
2 Enter total numb	per of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				▶ <u>1.</u>				
3 Enter total numb	per of other organization	s listed in the line	1 table					Б.				
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)				

Schedule I (Form 990) (2018)

FOUNDATION, INC.

23-7389749

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ESEARCH AND EDUCATION	6	64,759.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

SCHEDULE L	-	Гra	nsaction	ıs V	Vith	Interested	I P	ersons			ON	/IB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	the o							26, 27,	, 28a,		20	18	3
						-EZ, Part V, line 38 990 or Form 990-E		40b.				pen T		-
Department of the Treasury Internal Revenue Service	► G	o to v	•			nstructions and the		est information.				spect		nic .
•				DER	NES	S LEADERSH	IIF	þ		-	r identification number			umber
			N, INC.				<u></u>				897	49		
					-	ion 501(c)(4), and 50			-		26			
1			Relationship betv			art IV, line 25a or 25 lified	0,0	r Form 990-EZ, P	art v,	line 40	. מנ	(d)	Corre	ected?
(a) Name of disqualified	person	()	person and or			(	<b>c)</b> D	escription of tran	sactic	n			es	No
												_		
												-		
2 Enter the amount of tax	,		0	0				, ,						
<b>3</b> Enter the amount of tax						appization				► \$ ► \$				
3 Enter the amount of tax	, ii ariy, ori iii	ie 2, a	above, reimburs	eu by	the or	ganization				Þ				
Part II Loans to an	d/or From	n Int	erested Per	sons	5.									
	-					, Part V, line 38a or	Forr	m 990, Part IV, lin	ie 26;	or if th	ne orga	nizati	on	
reported an am			, Part X, line 5, 6 (c) Purpose	1	2. Dan to or				(~)		<b>(h)</b> Ap	orovec	(3)	Vritten
(a) Name of interested person	(b) Relation with organiz			from the		(e) Original principal amount		f) Balance due		) In ault?	by bo comm	ard or	agre	ement?
					From				Yes	No	Yes	No	Yes	No
					ļ									
							-							
							+							
							+							
					<u> </u>		-							
							+							
 Total						▶ \$								
Part III Grants or A	ssistance	Ber	nefiting Inter	reste	d Pe									
Complete if the	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested	person	(	<b>b)</b> Relationship interested pers the organiza	son an		(c) Amount of assistance		<b>(d)</b> Type assistan				) Purp assist		of
										+				
										+				
								1						

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

Schedule L (Form 990 or 990-EZ) 2018

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#### Schedule L (Form 990 or 990-EZ) 2018 FOUNDATION, INC. Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	163 01110111330, 1 att 10, inte 20a,	200, 01 200.			
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's ues?
				Yes	No
FULCRUM PUBLISHING	OFFICER OF THE COMP	2 371.	PAID FOR BC		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: FULCRUM PUBLISHING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF THE COMPANY IS A MEMBER OF THE BOARD OF DIRECTORS.

(D) DESCRIPTION OF TRANSACTION: PAID FOR BOOK PUBLICATION SERVICES

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 23 - 7389749

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

FOUNDATION,

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.

INTERNATIONAL WILDERNESS LEADERSHIP

INC.

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

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

CONFLICTS.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT INCLUDES A REVIEW OF MARKET RATES IN THE AREA BY AN INDEPENDENT COMMITTEE OF THE BOARD. ONCE A COMPENSATION PACKAGE IS DETERMINED BY THE COMMITTEE, 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 IX, LINE 11G, OTHER FEES:

IT CONSULTANTS:

PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.	Page 2 Employer identification number 23-7389749
MANAGEMENT AND GENERAL EXPENSES	2,220.
FUNDRAISING EXPENSES	2,146.
TOTAL EXPENSES	22,810.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	603,927.
MANAGEMENT AND GENERAL EXPENSES	72,700.
FUNDRAISING EXPENSES	70,265.
TOTAL EXPENSES	746,892.
PAYROLL ADMIN FEES:	
PROGRAM SERVICE EXPENSES	4,952.
MANAGEMENT AND GENERAL EXPENSES	596.
FUNDRAISING EXPENSES	576.
TOTAL EXPENSES	6,124.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	775,826.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON FOREIGN CURRENCY TRANSLATION	-8,930.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILTY FOR OVERSIGH	T 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)	► Comm	Related Organization		OMB No. 154	-			
Department of the Treasury Internal Revenue Service	Comp	A		201 Open to F	Public			
Internal Revenue Service Name of the organizat	ion INTERNATIONAL FOUNDATION, IN	► Go to www.irs.gov/Form99 WILDERNESS LEADE		est information.			lentification r	
Part I Identificati	ion of Disregarded Entities. Complet	e if the organization answered "Y	es" on Form 990, Part IV, line 3	3.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or Total incor	(e) End-of-year a	assets D	<b>(f)</b> irect controllir entity	ıg
		-						
	ion of Related Tax-Exempt Organiza	ations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34, b	because it had one o	or more related t	ax-exempt	
	(a) ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct control entity	ing <sub>con</sub>	(g) 512(b)(13) trolled ntity?
FRIENDS OF THE PE 717 POPLAR AVE BOULDER, CO 8030	EACE PARKS, INC - 77-0471097	WILDLIFE CONSERVATION	COLORADO	501(C)(3)	170(B)(1)(A)			x
WILDERNESS FOUNDA								
	SOUTH AFRICA 6001	WILDLIFE CONSERVATION	SOUTH AFRICA					x
		-						
		-						
					I			

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

### INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Schedule R (Form 990) 2018 FC

23-7389749 Page 2

(k)

Part III	Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.											
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		
N	awaa adducaa awd CINI	Drimon ( activity	Legal	Dive et e entre lliner	Dradominant incomo	Chave eftered	Chara of			Conoral or	Daw	

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	income end-of-year assets		income end-of-year assets	Disproportionate allocations?		amount in box	mana partr	aging ner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
													$\square$		
										$\square$					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(i contr ent	tion b)(13) rolled tity?
		country)		or trusty		255615			No

# INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
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	
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF THE PEACE PARKS, INC	L	42,200.	CASH
_(2)			
(3)			
_(5)			
<u>(</u> 6)			

Schedule R (Form 990) 2018 FOUNDATION, INC.

#### 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)	-		(f)	(g)	()	•	(i)	(j	<u> </u>	(k)
Name, address, and EIN	Primary activity	Legal domicile	(4) Dradominant incomo	Are Are partners 501(c orgs	all	Share of	Share of		<b>'</b>		Gene		(r) Dereentege
of entity	Primary activity	(state or foreign	(related, unrelated,	partner: 501(c	's sec. c)(3)	total	end-of-year	Dispr tior	nate	amount in box 20	mana	ging	
orentity		country)		orgs		income			tions?		partn	ner?	ownersnip
		country)	sections 512-514)	Yes	No	litcome	833613	Yes	No	(FUTIT 1065)	Yes	NO	
				$\left  \right $							$\vdash$		
											$\vdash$		
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											I T		
				1 I				1	1	1	1 I		

Schedule R (Form 990) 2018

Schedule R	(Earm 000)	2018
Schedule R	(F0111 990)	12010

# Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2019)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

File	e a separa	ate applic	ation for	each	return.	

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

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Entering	ersidentity	ing number	
Type or print	Name of exempt organization or other filer, see instru INTERNATIONAL WILDERNESS L	Employer identification number (El					
-	FOUNDATION, INC.	23-7389749					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 717 POPLAR AVENUE	Social security number (SSN)					
return. See instruction							
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			01	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	)0-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 99	00-T (trust other than above) THE ORGANIZATI	06	Form 8870			12	
• If the • If this box 1 Ir th 2 If	and an expension       303-442-8811         a organization does not have an office or place of business         as for a Group Return, enter the organization's four digit         a. If it is for part of the group, check this box         be organization named above. The extension of time until         be organization named above. The extension is for the organization request an automatic 6-month extension is for the organization named above. The extension is for the organization the tax year beginning         be tax year beginning         be tax year entered in line 1 is for less than 12 months, or the organization period	Group Exe and atta NOVEI Janization's , an check reas	emption Number (GEN) I <u>ch a list with the names and EINs of</u> <u>MBER 15, 2019</u> , to file s return for: d ending on: Initial return	If this is fo f all memb	r the whole opers the extension of the e	group, check this nsion is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069					•	
	stimated tax payments made. Include any prior year over			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	-				0	
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Cautior instruct	If you are going to make an electronic funds withdrawations.	l (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment	

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