Form 8879-TE	ŀ	OMB No. 1545-0047
For calendar year 2022, or fiscal year beginning, 2022, and ending, 2	20	0000
Do not send to the IRS. Keep for your records.		2022
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.		
· · · · · · · · · · · · · · · · · · ·	EIN or SSN	
FOUNDATION, INC.		89749
Name and title of officer or person subject to tax JENNIFER MEYER		
CHIEF OPERATIONS OFFICER		
Part I Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on lin or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b , 2b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable l than one line in Part I.	ne 1a, 2a, 3 3b, 4b, 5b, line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5)		4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)		8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, lir	ne 22)	10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury, I declare that 🚺 I am an officer of the above entity or 🔲 I am a person subject to ta of entity)		
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fit entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes ow financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and its applicable.	unds withd ved on this al Agent at the proces payment. I I onic funds	rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic nave selected a withdrawal.
	enter my P	
ERO firm name		Enter five numbers, but do not enter all zeros
 as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a c with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) return Sed/State program, I will enter my PIN on the return's disclosure consent screen. 	ementioned tax year 20	ERO to enter my PIN 22 electronically filed
Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Part III Certification and Authentication	Date	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. B4433280501 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicate submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Au Business Returns.		
ERO's signature Date		_
EDO Must Dataia This Forms - One laster of the		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	ю	- 0070 TE (0000)

 $\mathsf{LHA} \ \ \, \text{For Privacy Act and Paperwork Reduction Act Notice, see instructions.}$

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor 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.

print INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.			Taxpayer	r identificatio	n number (TIN) 89749	
File by the due date for filing your return. See 1717 POPLAR AVE.						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80304						
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	90-T (corporation)	07				
 If thi box 1 tr tr b 	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the organization ramed above. The extension ramed above. The extension ramed above ramed	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this
]	Change in accounting period				1	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0.
-	ny nonrefundable credits. See instructions.		· · · · · · ·	<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0.
	stimated tax payments made. Include any prior year overp			<u>3b</u>	\$	υ.
	alance due. Subtract line 3b from line 3a. Include your pa					0.
	sing EFTPS (Electronic Federal Tax Payment System). See 1: If you are going to make an electronic funds withdrawal ions.			3c 153-TE and	। ⊅ d Form 8879	

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

Form 8868 (Rev. 1-2022)

EXTENDED	TO NOVEMBER 15, 2023	
Return of Organi	zation Exempt From Income Tax	

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. *.*___

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Form

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the		t info	rmation.	Inspe		
Α	For the 20	022 calend	ar year, or tax year beginning and ending			
B	Check if applicable: Address change	INTE	organization RNATIONAL WILDERNESS LEADERSHIP DATION, INC.	ſ	D Employer identification	on number
	Name change	Doing b	usiness as THE WILD FOUNDATION		23-7389749	
	Initial return Final		and street (or P.O. box if mail is not delivered to street address) Room/su	ite E	Telephone number $0 - 303 - 442 -$	8811

	Final return	717 POPLAR AVE.		0-303-	442-8	811
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		5,817,157.
	Amen return	ded BOULDER, CO 80304		H(a) Is this a gro	up return	
	Applic distance	F Name and address of principal officer: UEINNIFER MEIER		for subordir	nates?	Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordin	ates included?	Yes No
<u>I</u> T	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," atta	ich a list. S	ee instructions
_	Vebsi			H(c) Group exem	nption num	nber
KF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🛛 🛛	L Year o	f formation: 197	4 M State	e of legal domicile: NY
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: THE WIL				
nce		INTERNATIONALLY TO PROTECT AND SUSTAIN WILDE	ERNE	SS AND WI	LDLIF	Е.
Governance	2	Check this box if the organization discontinued its operations or disposed of	of more t	han 25% of its ne	et assets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	10
es 6	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	5
viti	6	Total number of volunteers (estimate if necessary)			6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
				Prior Year		Current Year
					_	
Ð	8	Contributions and grants (Part VIII, line 1h)		5,607,75		5,818,381.
enne	9	Program service revenue (Part VIII, line 2g)		31,73	4.	26,060.
evenue	9			<u>31,73</u> 18,53	4. 9.	26,060. 9,943.
Revenue	9	Program service revenue (Part VIII, line 2g)		31,73 18,53 385,28	4. 9. 5.	26,060. 9,943. -37,227.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,73 18,53 385,28 6,043,30	4. 9. 5. 8.	26,060. 9,943. -37,227. 5,817,157.
Revenue	9 10 11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,73 18,53 385,28 6,043,30 3,882,82	4. 9. 5. 8. 1.	26,060. 9,943. -37,227. 5,817,157. 4,285,889.
Revenue	9 10 11 <u>12</u> 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	··	31,73 18,53 385,28 6,043,30 3,882,82	4. 9. 5. 8. 1. 0.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0.
	9 10 11 12 13 14 15	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	··	31,73 18,53 385,28 6,043,30 3,882,82 509,66	4. 9. 5. 8. 1. 0. 8.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550.
	9 10 11 12 13 14 15 16a	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	···	31,73 18,53 385,28 6,043,30 3,882,82 509,66	4. 9. 5. 8. 1. 0.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0.
	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		31,73 18,53 385,28 6,043,30 3,882,82 509,66	4. 9. 5. 8. 1. 0. 8. 0.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0.
Expenses Revenue	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,73 18,53 385,28 6,043,30 3,882,82 509,66 1,069,66	4. 9. 5. 8. 1. 0. 8. 0. 3.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261.
	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,73 18,53 385,28 6,043,30 3,882,82 509,66 1,069,66 5,462,15	4. 9. 5. 8. 1. 0. 8. 0. 3. 2.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261. 5,898,700.
Expenses	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,73 18,53 385,28 6,043,30 3,882,82 509,66 1,069,66 5,462,15 581,15	4. 9. 5. 8. 1. 0. 8. 0. 3. 2. 6.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261. 5,898,700. -81,543.
0r Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		31,73 18,53 385,28 6,043,30 3,882,82 509,66 1,069,66 5,462,15 581,15 inning of Current Y	4. 9. 5. 8. 0. 8. 0. 3. 2. 6. ear	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261. 5,898,700. -81,543. End of Year
0r Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 113,853. Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		31,73 18,53 385,28 6,043,30 3,882,82 509,66 5,069,66 5,462,15 581,15 inning of Current Y 5,098,79	4. 9. 5. 8. 1. 0. 8. 0. 3. 2. 6. 6. 2. 5.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261. 5,898,700. -81,543. End of Year 4,982,905.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		31,73 18,53 385,28 6,043,30 3,882,82 509,66 1,069,66 5,462,15 581,15 inning of Current Y	4. 9. 5. 8. 1. 0. 8. 0. 3. 2. 6. 6. 5. 5.	26,060. 9,943. -37,227. 5,817,157. 4,285,889. 0. 408,550. 0. 1,204,261. 5,898,700. -81,543. End of Year

| 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.

Sign	Signature of officer			Date
Here	JENNIFER MEYER, CHIEF OPE	RATIONS OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	LEE P. ACKERMAN			self-employed P01224102
Preparer	Firm's name BROCK AND COMPANY	, CPAS, P.C.		Firm's EIN 84-0930288
Use Only	Firm's address 4940 PEARL EAST C	R., SUITE 300		
	BOULDER, CO 80301			Phone no. 303-444-2971
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
	IIIA Fee Denemient Deduction Act Nati	an and the several instructions		Farma 990 (0000)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	INTERNATIONAL WILDERNESS LEADERSHIP
	990 (2022) FOUNDATION, INC. 23-7389749 Page 2
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 CREATE
	DYNAMIC PRACTICAL PROJECTS AND COMMUNICATION INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
<u> </u>	revenue, if any, for each program service reported.
4a	
	NATURE NEEDS HALF: PROMOTING THE UNDERSTANDING AND PROTECTION OF
	WILDERNESS AND WILDLIFE THROUGHOUT THE WORLD; INCREASING PUBLIC
	AWARENESS THAT NATURE AND PEOPLE NEED TO SHARE THE EARTH EQUALLY.
4b	(Code:) (Expenses \$2,052,781. including grants of \$2,052,781.) (Revenue \$)
	LOCATION SPECIFIC PROJECTS IN AFRICA, NORTH AMERICA, ASIA, SOUTH
	AMERICA, AND EUROPE THAT HELP PROTECT AND INTEGRATE WILDERNESS AND
	WILDLIFE WITH HUMAN COMMUNITIES.
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses5,472,947.

FOUNDATION, INC.

 Form 990 (2022)
 FOUNDATION,

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X 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	77	X
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		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u>_</u>	
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			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	

Form	990 (2022) FOUNDATION, INC. 23-7389	749	P	_{age} 4
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
_	· · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t 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 1a 18			
b	Enter the number of Forms W-2G included on 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			
-	(gambling) winnings to prize winners?	1c	х	

(gambling) winnings to prize winners?

FOUNDATION, INC.

90 ()	2022)	FOON
IV	Checklist	of Require

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country MALI MALI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	Yes X X	No X X X X
filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country MALI MALI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4a	x	X
filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country MALI MALI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4a		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country MALI MALI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Financial Accounts (FBAR).		X
 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country <u>MALI</u> b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Accounts (FBAR). 4a	x	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Accounts (FBAR). 4a	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Accounts (FBAR). 4a	X	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Accounts (FBAR). 4a	X	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		
any contributions that were not tax deductible as charitable contributions? 6a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		х
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
to file Form 8282?		х
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
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:		
a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against		
amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
excess parachute payment(s) during the year?		х
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <u>16</u>		х
If "Yes," complete Form 4720, Schedule O.		
 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.		

	INTERNATIONAL WILDERNESS LEADERSHIP								
	1990 (2022) FOUNDATION, INC. 23-7389		P	age 6					
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, 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					
6	Did the organization have members or stockholders?	6		Х					
7a									
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	х						
а									
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
10-2	Did the organization have local chapters, branches, or affiliates?	10a	Tes	No X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			- 21					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х						
b		110							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
b		12b	X						
c		12.0							
Ŭ		12c	х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	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?								
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		х						
а		15a							
a b	The organization's CEO, Executive Director, or top management official	15a 15b	Х						
_	The organization's CEO, Executive Director, or top management official								
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization								
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			x					
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		X					
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b		X					
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b		X					
b 16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	15b 16a		X					
b 16a b	The organization's CEO, Executive Director, or top management official	15b 16a		X					
b 16a b Sec	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15b 16a 16b	X						
b 16a b <u>Sec</u> 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE	15b 16a 16b	X						

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	THE ORGANIZATION - O-303-442-8811
	717 POPLAR AVE., BOULDER, CO 80304

INTERNATION	ΥL	WILDERNESS	LEADERSHIP
FOUNDATION.	Π	JC.	

Form 990 (2		FOUNDATI					23-7
Part VII	Compensation	of Officers,	Directo	rs, Trustees	, Key Employees,	Highest	Compensated
	Employees an	d Independe	nt Cont	ractors			

Employees, and Independent Contractors

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	(10		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	. unle:	ss pei	rson i	than o s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VANCE MARTIN	40.00		<u> </u>	0	\geq	Ξœ	ш			
PRESIDENT		х		x				126,750.	Ο.	0.
(2) JOEL HOLTROP	2.00									
CHAIR		х		х				0.	0.	0.
(3) CHARLOTTE BARON	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) EDWARD SANDERS	1.00									
TREASURER		Х		X				0.	0.	0.
(5) LENA GEORGAS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(6) KAT HABER	1.00							•	0	
DIRECTOR	1 00	Х						0.	0.	0.
(7) DAVID BARRON	1.00							•	0	
DIRECTOR	1 00	Х						0.	0.	0.
(8) LINDSAY ELLIS	1.00	v						0.	0.	
DIRECTOR (9) JOHNATHAN MILLER	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) SWATI HINGORANI	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) CLAY STRANGER	1.00									<u>0.</u>
DIRECTOR		x						0.	0.	0.
		1								
		ŀ								
					-	-				·
		1								
	1	I	I	I	L	L	I	1		000

	INTERNAT:			ER	NE	SS	5 L	ΕA	DERSHIP	00 70	007	10	Dee	. 0
Form 990 (20		-				:.				23-73	1 209	49	Pag	e O
	Section A. Officers, Directors, Trus		bioy	ees,			gnes	τΟ		,,			(F)	
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	Esti amo	(F) mated ount of ther	
	(list any hours for related organization below line)						Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	ensatio m the nizatior related iization	n I
			Individual trustee or director	In stitutional trustee	Officer	Key employee	1 0	<u> </u>						
1b Subtot	al								126,750.		0.			0.
	rom continuation sheets to Part VI								0.		0.			0.
	add lines 1b and 1c)								126,750.		0.		(0.
	umber of individuals (including but n nsation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
											_		res N	No
	e organization list any former officer, ? If "Yes," complete Schedule J for s	-			•	•						3		х
4 For any	individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		0		
	ated organizations greater than \$150 / person listed on line 1a receive or a											4	- 2	X
rendere	ed to the organization? If "Yes." con	-				-						5		Х
	ndependent Contractors ete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensati	on fror	n	
	anization. Report compensation for								the organization's tax y					
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Co	(C) mpens		
								_						
	umber of independent contractors (i 00 of compensation from the organi	•	ot lir	niteo	d to	thos (ted	above) who received mo	ore than				

	1 990			NDATION, 1	INC.			23-7389	749 Page 9
Pa	rt VI		Statement of Rev	enue					
			Check if Schedule O co	ontains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 :	- 	Federated campaigns	1a					
s, Grants Amounts			Membership dues			-			
D G			Fundraising events			-			
, Gifts, ilar An			Related organizations						
, Gi Jila			Government grants (contrib		81,000.				
Sins	- -		All other contributions, gifts, g	,	01,000.				
utic	•		similar amounts not included a		,737,381.				
trib Oth		~	Noncash contributions included in lir		, 157, 501.				
Contributions, (and Other Simil		-	Total. Add lines 1a-1f			5,818,381.			
<u>o</u> e	- 1		Total. Add lines ta-ti		Business Code	5,010,3011			
	0.0	_	CCA AND MANAGE	амемт вее	561000	13,115.	13,115.		
Program Service Revenue	2 6		SUBSCRIPTIONS		900099	12,945.	12,945.		
erv ue	, r				900099	12,943.	12,945.		
n S Ven	C	C							
graı Rev	C	d							
roj	•	e							
			All other program service re			26,060.			
	3	g	Total. Add lines 2a-2f			20,000			
	3					9,943.			9,943.
						5,545.			5,545.
	4		Income from investment of						
	5		Royalties	(i) Real	(ii) Personal				
	•				(II) Personal				
				<u>6a</u>					
				<u>6b</u>					
			()	6c					
			Net rental income or (loss)		(ii) Other				
	7 8	а	Gross amount from sales of	(i) Securities	(ii) Other				
				<u>7a</u>					
•	k	b	Less: cost or other basis						
enue				<u>7b</u>					
			•	7c					
r B			Net gain or (loss)						
Other Re	8 8	а	Gross income from fundraising						
0			including \$						
			contributions reported on li	,					
			Part IV, line 18						
			Less: direct expenses		<u>ן</u>				
			Net income or (loss) from fu						
	9 8	a	Gross income from gaming						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from g	-					
	10 8	a	Gross sales of inventory, le						
			and allowances						
			Less: cost of goods sold						
	0	C	Net income or (loss) from s	ales of inventory .					
sn		_			Business Code 525990	-37,227.	-37,227.		
Miscellaneous Revenue	11 8		FOREIGN CURREN		545990	<u>_</u>	-JI,44/•		
llan	k	b							
sce Bev	C	2	All other revenue						
Ä			All other revenue			-37,227.			
			Total. Add lines 11a-11d			5,817,157.	-11,167.	0.	9,943.

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,203,358.	2,203,358.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	29,750.	29,750.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 050 501	0 050 501		
	individuals. See Part IV, lines 15 and 16	2,052,781.	2,052,781.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 808	00 564	01 001	10 400
	trustees, and key employees	126,787.	92,564.	21,801.	12,422
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	004 000	164 000	20 544	01 01 0
7	Other salaries and wages	224,390.	164,028.	38,544.	21,818
8	Pension plan accruals and contributions (include	10 000	4 0 4 2	11 200	677
	section 401(k) and 403(b) employer contributions)	16,799.	4,843. 3,722.	11,300.	<u>656</u> 514
9	Other employee benefits	12,916.		8,680.	514
10	Payroll taxes	27,658.	20,503.	4,385.	2,770
11	Fees for services (nonemployees):				
	Management				
	Legal	CT 100		CT 100	
	Accounting	67,123.		67,123.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		702 220	707 400	E0 200	25 420
	column (A), amount, list line 11g expenses on Sch 0.)	783,229.	707,499.	50,300.	25,430 47,955 534
12	Advertising and promotion	80,641.	20,600.	12,086.	4/,900
13	Office expenses	29,005. 11,287.	<u>15,656.</u> 3,586.	<u>12,815.</u> 7,701.	554
14	Information technology	11,20/•	5,500.	/,/01.	
15	Royalties				
16		122,220.	112,217.	9,778.	225
17	Travel	122,220.	, Z/.	9,1/0.	225
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 ~~	Conferences, conventions, and meetings	3,815.		3,815.	
20		5,015.		5,015.	
21	Payments to affiliates	17 070	15,068.	32,911.	
22	Depreciation, depletion, and amortization	47,979. 10,415.	13,000.	10,415.	
23		10,413.		10,413.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	30,061.	15,818.	12,714.	1,529
b	PRINTING AND PUBLICATIO	8,661.	6,915.	1,746.	
с	MISCELLANEOUS	7,812.	2,304.	5,508.	
d	BANK FEES	2,013.	1,735.	278.	
е	All other expenses	·			
25	Total functional expenses. Add lines 1 through 24e	5,898,700.	5,472,947.	311,900.	113,853
			· · · ·		•
	Joint costs. Complete this line only if the organization				
<u>26</u>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part IX Statement of Functional Expenses

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

	2022) FOUNDATION, IN Balance Sheet	L.			49-	7389749 Page
	Check if Schedule O contains a response or not	e to any	/ line in this Part X			
	•			(A)	Ι	(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,163,657.		1,854,098
2	Savings and temporary cash investments			1,194,305.	2	553,666
3	Pledges and grants receivable, net			414,125.	3	663,440
4	Accounts receivable, net			4		
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				4,313.	9	5,85
	Land buildings and equipment: cost or other		Γ		Ŭ	
100	hasis Complete Part VI of Schedule D	102	1,129,281			
h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	537 928.	514,919.	10c	591,35
11	Investments - publicly traded securities			528,116.	11	1,178,40
12	Investments - other securities. See Part IV, line 1			154,946.	12	136,09
13	Investments - program-related. See Part IV, line			134,540.	13	130,05
					14	
14	Intangible assets		124,414.	14		
15	Other assets. See Part IV, line 11		5,098,795.	15	4,982,90	
16	Total assets. Add lines 1 through 15 (must equ	· · · · · · · · · · · · · · · · · · ·	84,682.	10	51,58	
17	Accounts payable and accrued expenses			04,002.	1	51,50
18	Grants payable			220.	18	50,00
19	Deferred revenue			220.	19	50,00
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the		· · · · · · · · · · · · · · · · · · ·	104 007	22	105 00
23	Secured mortgages and notes payable to unrela			124,087.		105,09
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24).	Complete Part X	154 046		1.2.5.00
	of Schedule D		····· -	154,946.	25	<u>136,09</u> 342,76
26	Total liabilities. Add lines 17 through 25	<u></u>		363,935.	26	342,76
	Organizations that follow FASB ASC 958, che	ck here				
	and complete lines 27, 28, 32, and 33.			4 4 - 0 4 0 0		1 500 50
27			····· -	1,459,488.	27	1,792,56
28	Net assets with donor restrictions		·····	3,275,372.	28	2,847,56
	Organizations that do not follow FASB ASC 9	58, che	ck here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		L		29	
30	Paid-in or capital surplus, or land, building, or ec	quipmer	it fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			4,734,860.	32	4,640,13
33				5,098,795.	33	4,982,90

INTERNATIONAL	WILDERNESS	LEADERSHIP
ΓΟΙΙΝΟΑΤΤΟΝ ΤΙ	NC.	

Form	990 (2022) FOUNDATION, INC.	<u>23-</u>	7389749	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,898		
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,734		
5	Net unrealized gains (losses) on investments	5	-13	3,1'	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,640),1	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHE	DULE A		Public Cha	rity Status an	d Puk	lic Sı	innort		OMB No. 1545-0047
(Form 99	90)			nization is a section 501					2022
Department (of the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
Internal Reve		(Form990 for instruction			ormation.		Inspection
Name of	the organization			WILDERNESS LI	EADERS	SHIP			identification number
Part I	Docond		DATION, INC						3-7389749
				(All organizations must c			ee instruction	S.	
Ine organ				For lines 1 through 12, c on of churches described			IV A V;)		
2				Attach Schedule E (Forn			I)(A)(I).		
3				anization described in se		(b)(1)(A)(ii	i).		
4		•	· · ·	njunction with a hospital				(iii). Enter	the hospital's name,
	city, and state	:							
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	-		Complete Part II.)						
6	,	<i>,</i> 0	8	nental unit described in			. ,		
7 X	•		•	ntial part of its support fi	om a gove	ernmental	unit or from tr	e general p	oublic described in
8	•		omplete Part II.)	(1)(A)(vi). (Complete Par	+ II)				
9	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-arant	college
	•			ulture (see instructions).	· ·				•
	university:								
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
			• • •	t to certain exceptions; a	• •			• •	•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	itter June 30, 1975.
11			mplete Part III.) and operated exclusi	ively to test for public sa	etv See	section 50)9(a)(4)		
12	-	-	-	ively for the benefit of, to	•			rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) o				•	
	lines 12a thro	ugh 12d that (describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		-		gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
b			complete Part IV, Se	ections A and B.	ion with it	oupporte	d organizatio		ina
			•	anization vested in the sa			0		•
		0	t complete Part IV,					je trie oupp	
c 🗌	Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		-	• •	oorting organization oper					
		•	°	ation generally must sat	•		•	an attentiv	veness
e	- ·			nplete Part IV, Sections written determination fro					
e		•		nally integrated supporti			турет, турет	і, туре ш	
f Ent	er the number of	-							
			n about the supporte	d organization(s).					
	 (i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi		(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	Support (See II		
									<u> </u>
Total									

INTERNATIONAL WILDERNESS LEADERSHIP Schedule A (Form 990) 2022 FOUNDATION, INC. 23-7389749 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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.)

Calendar year (or fisal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Office, grants, contributions, control totions, and membership fees received. (Do not include any 'unusual grants.') (d) 13985. 4393355. 5069595. 5607750. 5818381. 25803066. 2 Tax revenues levied for the organization without charge intrusions or received on its behalt (d) 13985. 4393355. 5069595. 5607750. 5818381. 25803066. 3 The value of services or facilities trunsleed by a governmental unit to the organization without charge intrusions of the tax constraints.' 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 4 Tatal. Add lines 1 through 3 The portion of total contributions by each person (other than a government unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10.2020. (d) 2021. (e) 2022. (f) Total 4913985. 3 Tex value of searcines them interest, dividends, payments received on securities loans, rents, royalites, and income from simular sources. 41, 478. 50, 164. 33, 006. 18, 241. 9, 943. 152, 832. 9 Net income from simular sources. 10, 773. 15, 227. 144, 73	360	Section A. Public Support						
membership fees received. (Do not include any 'unusual grans.") 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalt 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 4 Total. Add lines 1 through 3 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 thaccease 2% of the amount shown on line 14. 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 6 Otder income from interest, and income from interest, and income from interest, asctifies, how ther or not securities loans, rents, royaties, and income from interest of capita assets (Explain in Part VI) 41.478. 50,164. 33,006. 18,241. 9,943. 152,832. 9 Net income from interest activities, whether or not be securities loans, rents, royaties, and income from interestoresterestrent. 10,793. <td< td=""><td>Cale</td><td>ndar year (or fiscal year beginning in)</td><td>(a) 2018</td><td>(b) 2019</td><td>(c) 2020</td><td>(d) 2021</td><td>(e) 2022</td><td>(f) Total</td></td<>	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Include any 'unusual grants.') 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 2 Tax revenues loved on its behalf a <td>1</td> <td>Gifts, grants, contributions, and</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1	Gifts, grants, contributions, and						
2 Tar evenues levid for the organization's benefit and either pail to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Switzer lines 7 toring 4. 2 Total Support Calendar year (or fiscal year beginning in) (a) 2018 7 Anount from line 4 9 Net income from similar sources and through 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Additions / through 10 12 Organization of Public Support 24 Unities 7 through 10 10 (793. 15, 227. 144, 733. 385, 28537, 227. 518, 811. 11 Total support. Additions / through 10 12 Organization of Public Support Percentage 241.4 9.943. 152, 832. 9 Net income from similar sources as a social chiles / through 10 10 (10, 793. 15, 227. 144, 733. 385, 28537, 227. 518, 811. <td></td> <td>membership fees received. (Do not</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		membership fees received. (Do not						
it is benefit and either paid to or expended on its behalf it is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9 veach person (other than a governmental unit or public) supported organization (included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4913985.4393355.5069595.5607750.5818381.25803066. 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization (included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5155671. 6 Public support. Betract line 5 from line 4. 200647395. Section B. Total Support 41,478.50,164.33,006.18,241.9,943.152,832. 9 Net income from similar sources activities, whether or not the usainesis regularly carried on rol tos from line 4 said organization (included and income from similar sources activities, whether or not the usainesis regularly carried on 10. Other income. Do not include gain or loss from line 4 activities, etc. (see instructions) 12 103,339. 11 Total support hes 3 and total total satistics, whether or not the usainesis regularly carried on 10. Other income. Do not include gain or loss from lines 4 activities, etc. (see instructions) 12 103,339. 13 First spars. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here- ment percentage for 2022 (line 6, column (0, divided by line 11, column (0) 14		include any "unusual grants.")	4913985.	4393355.	5069595.	5607750.	5818381.	25803066.
ar expended on its behalf Turnshed by a governmental unit to the organization without charge 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization without charge 4913985. 4393355. 5069595. 5607750. 5818381. 25803066. 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) Evaluations through 10 Evaluations throug	2	Tax revenues levied for the organ-						
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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 23-7389749 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6		(-,	(-)	(-,		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	U U					nization,
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2022

FOUNDATION, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the alight and an all such as a solution. or restrictions, if any applied to such powers during the tay yes ٩V Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3
- By reason of the relationship described on line 2, above, 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
- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a 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? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2

3

2a

2b

3a

Yes No

				Vac	l N
Sec	ction D. All Type III Supporting Organizations			-	_
	the supported organization(s).		1		
	or management of the supporting organization was vested in the same persons that controlled or managed				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
		_		Yes	1
Sec	ction C. Type II Supporting Organizations				
	supervised, or controlled the supporting organization.		2		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
2	Did the organization operate for the benefit of any supported organization other than the supported				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u> </u>		-

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

23-7389749 Page 6 FOUNDATION, INC. Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or 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) 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 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 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

INTERNATIONAL WILDERNESS LEADERSHIP

	t V Type III Non-Functionally Integrated 509		nizatione (3-/389/49 Page 7
	on D - Distributions	allo, Supporting Orga	nizations (continu	<u>ea)</u>	Current Year
<u>Secu</u> 1	Amounts paid to supported organizations to accomplish exe	mpt purposos		1	Current Year
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp		-		
2	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		,	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c				
8	and 4c. Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Cabadula A	(Farma 000) 0000	INTERNATIONAL FOUNDATION,		LEADERSHIP	23-7389749 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the exp 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ines 2 and 3; Part IV, Sect	lanations required by P a, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a (I 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part mplete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, : V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

INTERNATIONAL WILDERNESS LEADERSHIP

FOUNDATION, INC.

23-7389749

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

6

MAI FAMILY FOUNDATION

PORT WASHINGTON, NY 11050

50 CORNWALL LANE

Name of o	B (Form 990) (2022) organization NATIONAL WILDERNESS LEADERSHIP ATION, INC.		Pag Employer identification numbe
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	INTERNATIONAL CONSERVATION FUND OF <u>CANADA</u> <u>P.O. BOX 40</u> <u>CHESTER, NOVA SCOTIA, CANADA B0J 1J0</u>	\$206,70	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2	PLAYFORD FAMILY FOUNDATION 2620 CAVENDISH AVE VICTORIA, BRITISH COLUMBIA, CANADA V8R2G6	\$255,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3	CITES MIKE CITES SECRETARIAT PALAIS DES NATIONS AVENUE DE LA PAIX 8-14 GENEVA, SWITZERLAND 1211	\$300,65	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4	UNITED NATIONS UNITED NATIONS AVENUE NAIROBI, KENYA 00100	\$885,76	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5	EUROPEAN COMMISSION 2 RUE DE LA LOI 200 BRUSSELS, BELGIUM 1000	\$470,74	46. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

125,000.

\$

X

7	BELLINI BETTER WORLD		Person X
	C/O CONNECTWISE PO BOX 172100	\$ 876,469.	Payroll Noncash
	TAMPA, FL 33672		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HEINZ FAMILY FOUNDATION		Person X Payroll
	625 LIBERTY AVENUE, STE 3200	\$ 150,000.	Noncash
_	PITTSBURGH, PA 15222		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEFF AND MERIEKE ROTHSCHILD FOUNDATION		Person X
	394 PACIFIC AVENUE	\$325,000.	Payroll Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SERGEY BRIN FAMILY FOUNDATION		Person X
	1660 BUSH STREET, STE 300	\$231,000.	Payroll Noncash
	SAN FRANCISCO, CA 94109		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Noncash ON 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.)
223452 11-1	5-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Part I

(a)

No.

Name of organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

23 - 7389749

(c)

Total contributions

	B (Form 990) (2022)		Page 3
			Employer identification number
	NATIONAL WILDERNESS LEADERSHIP ATION, INC.		23-7389749
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

	B (Form 990) (2022)				Page 4
	organization				Employer identification number
	NATIONAL WILDERNESS LEAI	DERSHIP			22 7280740
Part III	ATION, INC. Exclusively religious, charitable, etc., contribution	ons to organizations describe	ed in section 501	(c)(7), (8), or (10) th	23-7389749 at total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following	line entry. For or	panizations	
	Use duplicate copies of Part III if additional s	space is needed.	UUU OF IESS for the	e year. (Enter this into. o	nce.) •
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ït	(d) Desc	cription of how gift is held
-		(e) Transfe	r of aift		
		(-)	3		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from	(b) Burnoso of gift	(c) Lice of git	÷+	(d) Dosc	ription of how gift is hold
Part I	(b) Purpose of gift	(c) Use of git		(u) Desc	ription of how gift is held
		(e) Transfe	r of gift		
			_		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No.					
(a) No. from	(b) Purpose of gift	(c) Use of gif	t l	(d) Desc	ription of how gift is held
Part I					
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gif	ť	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee

90		Supplementa	al Financial Statements	OMB No. 1545	5-0047	
	n 990)		nization answered "Yes" on Form 990,	202	2	
•), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to P	L ublic
	ment of the Treasury I Revenue Service		0 for instructions and the latest information		Inspection	
Nam	e of the organization		ployer identification 23-738974	9		
Pa		-	d Funds or Other Similar Funds or <i>I</i>	Accour	nts. Complete if the	
	organization	n answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Fur	nds and other account	
1	Total number at er	nd of year				3
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised fu			
-			exclusive legal control?		Yes	No
6	•	C	dvisors in writing that grant funds can be used	•		
			r donor advisor, or for any other purpose confe	U		
Pa	rt II Conserva	ate benefit? ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	V line 7	Yes	No
1		ervation easements held by the organization		v , into 7.		
		of land for public use (for example, recrea		storically	important land area	
		f natural habitat	Preservation of a ce			
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a d	conserva	tion easement on the	last
	day of the tax year				Held at the End of the	Tax Year
а	Total number of co	onservation easements				
b	•					
c			ucture included in (a)	2c		
d		vation easements included in (c) acquired a		04		
3			eased, extinguished, or terminated by the orga		l during the tax	
Ŭ	year					
4	•	where property subject to conservation easily and the	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	t holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the yea	r
7	Amount of ovnono		lling of violations, and enforcing concernation (to during the year	
7	Amount of expense	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation e	asemen	is during the year	
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?			Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ement an	d	
			note to the organization's financial statements	that desc	cribes the	
Pa	organization's accort III Organiza	ounting for conservation easements.	f Art, Historical Treasures, or Other	Simila	r Assats	
I a		the organization answered "Yes" on Form		Omma	1 A33013.	
1a			8, not to report in its revenue statement and b	alance sl	heet works	
	6	, ,	blic exhibition, education, or research in further			
			ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet	works of	
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of pul	blic service,	
	-	ng amounts relating to these items:				
					\$	
-					\$	
2			asures, or other similar assets for financial gair	i, provide	e	
-	-	Ints required to be reported under FASB A	-		¢	
a h					\$\$	
		eduction Act Notice, see the Instructions			^φ Schedule D (Form 9	90) 2022

232051 09-01-22

		TIONAL WIL	DERNE	SS LEA	ADERSHI	P			
-		ION, INC.					23-	7389749) Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar Ass	sets _{(contin}	ued)
3	Using the organization's acquisition, access	on, and other record	s, check	any of the f	ollowing that	t make sigr	ificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	c			hange progra				
b	Scholarly research	e	• 🗌 (Other					
С	X Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how the	ey further th	ne organizatio	on's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit of				-				
D.	to be sold to raise funds rather than to be m							Yes	X No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:				A	
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
-	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F					-	?	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						<u></u>		
1 41		(a) Current year		rior year	(c) Two yea) Three years b	ack (a) Four	vears hack
10	Paginning of year balance		(5)11	lor your	(0) 100 you		y 11100 youro b		youro buok
	Beginning of year balance								
b	Contributions								
C A	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
-	End of year balance	· · · · · · · · · · · · · · · · · · ·	 1) hold oo:				
2	Provide the estimated percentage of the cur	•		, column (a)	i) neiù as.				
a h	Board designated or quasi-endowment Permanent endowment	%	_%						
U O		⁷⁰							
C	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		otion that	are hold ar	nd administa	rod for the			
Ja	organization by:		ation that	are neiu ai				ſ	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
h	If "Yes" on line 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the								
_	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		umulated eciation	(d) Bool	value
1 a	Land				6,200.			116	5,200.
	Buildings				9,655.	(97,725.		L,930.
	Leasehold improvements				,		,		
	Equipment			49	5,197.	38	36,032.	109	9,165.
	Other				8,229.		54,171.		1,058.
	. Add lines 1a through 1e. (Column (d) must e		X colum		-		,		L,353.
		gaan onn ooo, i an			××				

Schedule D (Form 990) 2022

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION. TNC

Schedule D		UNDATION,	INC.		23-7389749 Page 3
Part VII					
	Complete if the organization	n answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or category (includ	ding name of security)	(b) Book value	(c) Method of valuation: Cost c	r end-of-year market value
(1) Financi	ial derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, (col (B) line 12)			
Part VII	I Investments - Progra	m Related.			
			on Form 990. Part IV. line	11c. See Form 990, Part X, line 13.	
	(a) Description of investme		(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)					,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must squal Farm 000. Dart V	(\mathbf{D}) line 10)			
Part IX	(b) must equal Form 990, Part X, (Other Assets.				
	J	answered "Yes"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
	Complete il tre organization		Description		(b) Book value
(4)		(4)	Decemption		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	() () () () () () () () () ()		45)		
Part X	umn (b) must equal Form 990, Other Liabilities.	Part X, col. (B) lin	e 15.)		
TartA		answord "Vos"	on Form 000 Part IV line	11e or 11f. See Form 990, Part X, lin	0.25
	(a) Description		on Form 990, Fait IV, inte	The of TH. See Form 990, Fart A, in	(b) Book value
<u>1.</u>					(b) BOOK value
	deral income taxes		NT		
	EFERRED COMPENSA	ATION PLA	N		126.000
	BLIGATION				136,090.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990,	Part X, col. (B) lin	e 25.)		136,090.

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

Schedule D (Form 990) 2022

	INTERNATIONAL WILDERNESS L	EADERSE	HIP			
Sche	dule D (Form 990) 2022 FOUNDATION, INC.			23-'	7389749 _{Pag}	_{je} 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,854,38	4.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	5,854,38	4.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-37,227.			
с	Add lines 4a and 4b			4c	-37,22	7.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,817,15	<u>7.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,949,10	6.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		50,406.			
е	Add lines 2a through 2d			2e	50,40	
3	Subtract line 2e from line 1			3	5,898,70	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,898,70	0.
Pa	t XIII Supplemental 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) 2022 FOUNDATION, INC. 23-7389749 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS
WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE
INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.
MANAGEMENT HAS EVALUATED THE ADOPTED POLICIES AND PROCEDURES THAT HAVE
BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY
CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE
WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS.
MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT
MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE
ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX
LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN CURRENY TRANSLATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS

13,179.

-37,227.

FOREIGN CURRENCY TRANSLATION37,227.TOTAL TO SCHEDULE D, PART XII, LINE 2D50,406.

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ntes L	OMB No. 1545-0047
(Form 990)	Complete if the		2022			
. ,						
Department of the Treasury Internal Revenue Service	Go to w		Open to Public Inspection			
Name of the organization					Employer ic	lentification number
INTERNATIONAL		S LEADER	SHIP			
FOUNDATION, IN					23-738	
		ctivities Out	side the United States. Comp	lete if the orgar	nization answer	red "Yes" on
Form 990, Part						
-	•		ds to substantiate the amount of its gr the selection criteria used to award th		-	X Yes No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and ot	her assistance	outside the
3 Activities per Region. (The following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service, e specific type	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		(s) in the regio	n investments
		in the region			(c)c . c g.c	in the region
				CONSERVATIO		
SUB-SAHARAN AFRICA			PROGRAM SERVICES AND GRANTS	WILDERNESS PROJECTS	PROTECTION	1,975,591.
SUB-SANAKAN AFRICA			FROGRAM SERVICES AND GRANTS	FRODECIS		1,975,591.
				CONSERVATIO	N AND	
				WILDERNESS		
SOUTH AMERICA			PROGRAM SERVICES AND GRANTS	PROJECTS		47,458.
				CONSERVATIO	ON AND	
				WILDERNESS	PROTECTION	
NORTH AMERICA			PROGRAM SERVICES AND GRANTS	PROJECTS		27,889.
				CONSERVATIO	ON AND	
CENTRAL AMERICA AND				WILDERNESS	PROTECTION	
THE CARIBBEAN			PROGRAM SERVICES AND GRANTS	PROJECTS		1,590.
				CONSERVATIO		
SOUTH ASIA			PROGRAM SERVICES AND GRANTS	WILDERNESS PROJECTS	PROTECTION	150.
			FROGRAM SERVICES AND GRANTS	FRODECIS		150.
				CONSERVATIO	ON AND	
EUROPE (INCLUDING				WILDERNESS		
ICELAND & GREENLAND)			PROGRAM SERVICES AND GRANTS	PROJECTS		103.
						0.050.501
3 a Subtotal		0				2,052,781.
b Total from continuation		0				0
sheets to Part I						0.
c Totals (add lines 3a and 3b)	0	0				2,052,781.

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

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) IRS code section and EIN (if applicable)(c) Region(d) Purpose grant		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)	
			CONSERVATION AND					
		NORTH AMERICA	EDUCATION	8,305.	WIRE	Ο.		CASH
			CONCEDURATION AND					
		EUROPE	CONSERVATION AND EDUCATION	10 000		0.		
		SUB-SAHARAN	EDUCATION	10,000.		0.		
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	13,807.		Ο.		
		SUB-SAHARAN		,				
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	19,584.		Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	20,000.		0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,	CONSERVATION AND					
		CHILE, COLUMBIA,	EDUCATION	37,000.		٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	38,250.		0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND	F.C. 100				
2 Enter total number of		BURKINA FASO,	EDUCATION recognized as charities by the t	56,100.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

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<u> </u>	(=	
Schedule F	(Form 990)	

FOUNDATION, INC.

23-7389749

Schedule F (Form 990)	IOOND	AIION, INC.			23 73	09/49		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	100,000.	WIRE	٥.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	242,857.	WIRE	٥.		CASH
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CONSERVATION AND					
		BURKINA FASO,	EDUCATION	1430447.	WIRE	٥.		CASH

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

Schedule F (Form 990) 2022

FOUNDATION, INC.

23-7389749

Part III can be duplicated if	additional space is neede			1			
(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)
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
CONSERVATION AND EDUCATION	BURKINA FASO,	1	47,533.	WIRE	0.		CASH
CONSERVATION AND EDUCATION	SOUTH AMERICA	1	7,500.	WIRE	٥.		CASH

Schedule F (Form 990) 2022

FOUNDATION, INC.

Schedule F (Form 990) 2022

Part	IV	Foreign Forms		
1	the	s the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	XNo
	001			
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		37
	U.S	2. 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		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (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		
	Fore	eign 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		
U		s, " the organization may be required to separately file Form 5713, International Boycott Report (see		
		ructions for Form 5713; don't file with Form 990)	Yes	XNo
	1130			

Schedule F (Form 990) 2022

INTERNATIONAL WILDERNESS LEADERSHIP		
Schedule F (Form 990) 2022 FOUNDATION, INC.	23-7389749	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth	od); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. 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	IEWED NO LESS	
THAN ONCE A YEAR.		
PART I, LINE 3:		
ACCRUAL METHOD USED AND REPORTED AS GRANTS AND PROJECTS.		

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP Employer iden	Open to Public Inspection										
	ntification number										
FOUNDATION, INC. 23	3-7389749										
Part I General Information on Grants and Assistance											
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	Yes 🗌 No										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for a recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	any										
	pose of grant issistance										
NORTH EXPOSURE STUDIOS 2825 TRIPLEHORN LANE FAIRBANKS, AK 99709 18,000. 0. 18,000. 0.	D EDUCATION										
YALE UNIVERSITY P.O. BOX 1873 OFFICE OF SPONSORED P NEW HAVEN, CT 06508 81,450. 0. RESEARCH AND	D EDUCATION										
WISDOM WEAVERS OF THE WORLD 41020 RUTH WAY HOMER, AK 99603 0. 0. RESEARCH AND	ID EDUCATION										
EARTH VISION INSTITUTE 2334 BROADWAY STREET BOULDER, CO 80304 47-2021029 147,893. 0. RESEARCH AND	D EDUCATION										
WILD PATH 1517 E 7TH AVE, STE C TAMPA, FL 33605 0. 0. 0. RESEARCH AND	D EDUCATION										
FRANS LANTING, INC. 108 HIGH ROAD SANTA CRUZ, CA 95060 420,000. 0. RESEARCH AND 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ID EDUCATION										

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

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Schedule I (Form 990) 2022

	ON, INC.			. (2.1			23-7389749 Pag
Part II Continuation of Grants and Othe	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XPOSURE LABS 200 CARBON PL, STE 100							
OULDER, CO 80301			442,000.	0.			RESEARCH AND EDUCATION
LORIDA WILD 01 W PLATT STREET #172							
AMPA, FL 33606			750,000.	0.			RESEARCH AND EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) 2022

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ESEARCH AND EDUCATION	1	29,750.	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 O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

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) 2022 Name of the organization INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.	Employer identification number 23-7389749
MANAGEMENT AND GENERAL EXPENSES	14,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,827.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	707,499.
MANAGEMENT AND GENERAL EXPENSES	26,451.
FUNDRAISING EXPENSES	17,300.
TOTAL EXPENSES	751,250.
PAYROLL ADMIN FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,653.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,653.
FUNDRAISING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	8,130.
TOTAL EXPENSES	8,130.
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,369.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,369.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	783,229. Schedule O (Form 990) 202:

PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILTY FOR OVERSIGHT OF THE AUDIT

OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANTS.

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.										
Department of the Treas Internal Revenue Servic	sury			Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the orga		INTERNATIONAL FOUNDATION, IN	WILDERNESS LEADER	VILDERNESS LEADERSHIP								
Part I Identi	fication of	Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Dr Total inco	me End-of-year a			(f) ontrolling htity]			
			-									
Part II Identi organi	fication of lizations dur	Related Tax-Exempt Organiza	ations. Complete if the organizati	on answered "Yes" on Form 990	0, Part IV, line 34, I	Decause it had one or	r more related	d tax-exer	npt			
	Name, add	(a) Iress, and EIN organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct cont entity	0	(c Section 5 contr enti	rolled		
						501(c)(3))			Yes			
FRIENDS OF TH 717 POPLAR AV BOULDER, CO	Έ	PARKS, INC - 77-0471097	WILDLIFE CONSERVATION	COLORADO	501(C)(3)	170(B)(1)(A)(VI)				x		
WILDERNESS FO		GLOBAL										
11 NEWINGTON	STREET		7						í			
PORT ELIZABET	H, SOUTH	AFRICA 6001	WILDLIFE CONSERVATION	SOUTH AFRICA						X		
								adula D.				

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Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUNDATION, INC.

23-7389749 Page 2

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.

	(j) (k) eral or Percentage ownership s No
(state or entity (related, unrelated, income end-or-year allocations? 20 of Schedule	eral or haging ther? S No
sections 512-514) Yes No K-1 (Form 1065) Yes	s No
	+ +
	+ +

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION, INC.

23-7389749 Page 3

Sche	dule R (Form 990) 2022 FOUNDATION, INC. 23-7389	9749	F	Page 3				
Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Not	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	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)	1b		X				
	Gift, grant, or capital contribution from related organization(s)	1c		X				
	Loans or loan guarantees to or for related organization(s)	1d		X				
е	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1g		X				
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10		X				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
q	Reimbursement paid by related organization(s) for expenses	1q		Х				
-								
r	r Other transfer of cash or property to related organization(s)							
S	s Other transfer of cash or property from related organization(s)							
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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF THE PEACE PARKS, INC	L	11,000.	CASH
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

INTERNATIONA	L WILDERNESS	LEADERSHIP
FOUNDATION,	INC.	

Schedule R	(Form QQC	1) 2022
Schedule R	(FOUL 990	1) 2022

Part VII Supplemental Information

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