Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

B Octob Programme D Complete D Comple	A	For the	the 2008 calendar year, or tax year beginning January 1 , 2008, and ending Decem							ber 31	, 20 08
Section 801f(s) Section 8	В	Check if a	applicable:		C Name of organization	lame of organization			D Emplo	yer ider	ntification number
Number and street (or P.O. Door, if mail is not delivered to street address Room/suck E Tolephone number Trible Internal Park Special Park Speci			label or Friends of Nevada Wilderness					88	0211763		
Termination Repiciation prending Record	Н		•	print or	Number and street (or P.O. b	oox, if mail is not deliv	vered to street address)	Room/suite	E Teleph	one nu	mber
Appreciate return Specific City or town, state or country, and ziP + 4 Fcroup Exemption Number Ni/A Neptence period of the Reno, Novada 89509 Number Ni/A Number Ni/A Neptence period of the Reno, Novada 89509 Number Ni/A Num	H				1 Booth Street				(775)	324-7667
Report Description For Section 501(s)(3) organizations and 4081(r)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 990-EZ). Website:	Ħ				City or town, state or country	y, and ZIP + 4	•		F Group	Fxemr	ntion
Website:		Applicatio	on pending		Reno, Nevada 89509						
Website:	-	Section	ion 501(c)(3)	organiz	ations and 4947(a)(1) nonex	empt charitable t	rusts must attach	G Acco	unting met	thod:	Cash Accrual
Website:			(-)(-)								
Website:											rganization is not
No comparization type (check only one)	ı	Websit	W/W/W novadawiidornoss ord								_
R Check				check or	nly one)— ✓ 501(c) (3) 4 ((insert no.) 49)47(a)(1) or 527				
Not required, but if the organization chooses to file a return, be sure to file a complete return.								ints are nor	mally not r	nore th	an \$25 000. A return is
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 1 316,299 2 Program service revenue including government fees and contracts 2 0 0 3 Membership dues and assessments 3 0 4 Investment income 5 Gross amount from sale of assets other than inventory 5 a 0 0 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory 5 a 0 0 5 Special events and activities (complete applicable parts of Schedule C). If any amount is from gaming, check here 6 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Rest cost or goods sold c Gross proft or (loss) from sales of inventory, less returns and allowances 7 a 22,068 b Less: cost of goods sold 7 b 14,756 c Gross proft or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 0 ther revenue (describe ▶ 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶ 9 329,065 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses. Add lines 10 through 16 ▶ 17 376,852 18 Excess or (deficit) for the year (Subtract line 7 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Questions, postage, and shipping 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20	ı			-			-	ipis are non	illally ilot i	nore ur	aπ ψ25,000. Α τεταπτίδ
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b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assests other than inventory (Subtract line 5b from line 5a) (attach schedule). 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶□ a Gross revenue (not including \$□ of contributions reported on line 1). b Less: direct expenses other than fundraising expenses 6b 0 0 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 7a Gross sales of inventory, less returns and allowances 7a 1 22,068 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 7,312 8 Other revenue (describe ▶ 9 329,065 10 Grants and similar amounts paid (attach schedule) 10 0 11 Benefits paid to or for members 11 0 0 12 Salaries, other compensation, and employee benefits 12 298,200 13 Professional fees and other payments to independent contractors 13 7524 14 Occupancy, rent, utilities, and maintenance 14 28,666 15 Other expenses (describe ▶ 1 1 1 5 1 1,049 17 Total expenses. Add lines 10 through 16 ▶ 17 376,852 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 274,219 20 Other changes in net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 239,325 22 191,538 21 Land and buildings 230,325 22 191,538 22 Cash, savings, and investments 239,325 22 191,538 23 Land and buildings 0 233 0 0 23 0 0 10 0 10 0 10 0 10 0 1		1 _									3,131
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26 Total liabilities (describe ▶ 0 26 0										<u> </u>	
	_		Total liabilities (describe						,_		'
		7 Net	Net assets or fund balances (line 27 of column (B) must agree with line 21) . 274,2						_		

Form 990-EZ (2008) Page **2**

1 01111 330 EZ (2000)					i age
Part III Statement of Program Service Accom			III.)		Expenses
What is the organization's primary exempt purpose?	Promote Nevada's Wildern	ess		(Rec	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	zation's exempt purposes. In a clear and concise manner,				4947(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	rogram title.	optio	onal for others.)
28 Wilderness Stewardship - In 2008, FNW complete	ed 32 wilderness restorati	on projects with	a total of		
7,299 volunteer hours and 533 outreach/education	on hours generating \$146,	567 of in-kind lab	or. FNW		
awarded national Bob Marshall award for Group	Champion of Wilderness	Stewardship by t	he USFS.		
(Grants \$ 101,500) If this amount incl	udes foreign grants, check	here	. • 🗆	28a	159,223
Wilderness Outreach/Education - Produced 2009	Wild Nevada Calendar, w	vilderness landsc	ape photo		
gallery, newsletters/e-newsletters, hosted volunt					
hosted two family wilderness trips, launched nev	w website, mapping/tours	potential wildern	ess.		
(Grants \$ 97,867) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	29a	138,407
30 Environmental Document Review - reviewed and	provided expert commen	its on many gove	rnment		
proposals or planning processes that involved w					
(Grants \$ 2,000) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	30a	3,120
(Grants \$) If this amount incl	udes foreign grants, check	here	. • 🗆	31a	N/A
32 Total program service expenses (add lines 28a th				32	300,750
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	tructio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio		(e) Expense account and
(a) Name and address	devoted to position	enter -0)	deferred comper		other allowances
Shaaron Netherton	Executive Director				
1 Booth Street, Reno, NV 89509	40 hours	46,906	8	,877	(
Roger Scholl	Treasurer /BM				
1 Booth Street, Reno, NV 89509	8 hours week	0		0	(
Kurt Kuznicki	Vice-Chair/BM				
1 Booth Street, Reno, NV 89509	10 hours week	0		0	(
Karen Boeger	Vice-Chair/BM				
1 Booth Street, Reno, NV 89509	2 hours week	0		0	(
Hermi Hiatt	Chair/BM				
1 Booth Street, Reno, NV 89509	10 hours week	0		0	(
Meghan Sural	Secretary/BM				
1 Booth Street, Reno, NV 89509	1 hour week	0		0	(
Bart Patterson	Vice-chair/BM				
1 Booth Street, Reno, NV 89509	1 hour week	0		0	(
Marge Sill	Board Member				
1 Booth Street, Reno, NV 89509	5 hours week	0		0	(
Pete Bradley	Board Member				
1 Booth Street, Reno, NV 89509	3 hours week	0		0	(
John Hiatt	Board Member				
1 Booth Street, Reno, NV 89509	10 hours week	0		0	(
Sharon Schafer	Board Member				
1 Booth Street, Reno, NV 89509	3 hours week	0		0	(
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		V
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		~
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶ Nevada			
42a	The books are in care of ▶ Rose Demoret, Administrative Director Telephone no. ▶ (775)			
	Located at ▶ 1 Booth Street, Reno, Nevada ZIP + 4 ▶	895	09	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	NO
	account)?	420		
	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	10		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Vos	NI-
			Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	11		V
45	Form 990-EZ	44		
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		~
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Page 4 Form 990-EZ (2008) Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part VI and complete the tables for lines 50 and 51. No Yes 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 candidates for public office? If "Yes," complete Schedule C, Part I . 47 1 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b **b** If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who 50 each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average (c) Compensation (d) Contributions to (e) Expense (a) Name and address of each employee paid more employee benefit plans & hours per week account and than \$100,000 devoted to position deferred compensation other allowances None Total number of other employees paid over \$100,000 ► Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None Total number of other independent contractors each receiving over \$100,000 \triangleright 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 Here Date **Shaaron Netherton, Executive Director** Type or print name and title. Check if Date Preparer's Identifying Number (See instructions) Preparer's Paid selfsignature employed ▶ Preparer's

Firm's name (or yours

if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

EIN

Phone no. ▶