Form	99()

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

b Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

020 7 Open to Public Inspection

n

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AI	For th	e 2020 calendar year, or tax year beginning and	ending	_				
B	Check if applicat	WILD CANID SURVIVAL AND RESEARCH CENT	ER	D Employer identifi	cation number			
	Addr chan	^{ass} Inc.						
	Nam Chan	Doing business as Endangered Wolf Center		43-09963				
	returi Final returi	P.O. BOX 760	Room/suite	E Telephone numbe 636-938-	5900			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,813,897.				
X	Amer	eturn						
	Appli tion	F Name and address of principal officer: VIRGINIA BUSCH		for subordinates	? Yes 🗶 No			
	pend	^{ng} same as C above		H(b) Are all subordinates in	ncluded? Yes No			
Ι.	Tax-e>	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527		list. See instructions			
		te: ▶ www.endangeredwolfcenter.org		H(c) Group exemptio				
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year		State of legal domicile: MO			
		Summary			g			
	1	Briefly describe the organization's mission or most significant activities: The	Endanc	rered Wolf C	enter is a			
Activities & Governance	1.	private, nonprofit conservation organizat	tion d	ledicated to	the			
'na	2	Check this box if the organization discontinued its operations or disposed in the organization dispo						
vel	3	•		3	12			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
80 00	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			34			
itie					20			
ži		Total number of volunteers (estimate if necessary)			0.			
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>					
				Prior Year 1,602,375.	Current Year 2,376,940.			
Revenue	8	Contributions and grants (Part VIII, line 1h)		472,587.	341,479.			
ven	9	Program service revenue (Part VIII, line 2g)						
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94,501.	74,440.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,169,463.	2,792,859.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		753,863.	670,779.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	54.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		939,274.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,693,137.	1,508,130.			
	19	Revenue less expenses. Subtract line 18 from line 12		476,326.	1,284,729.			
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year			
sets alar	20	Total assets (Part X, line 16)		1,869,026.	3,161,800.			
t As	21	Total liabilities (Part X, line 26)		109,250.	117,295.			
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		1,759,776.	3,044,505.			
Pa	art II							
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of proparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Man		7.8.2	1			
Sig	n	Signature of officer		Date				
Hei		VIRGINIA BUSCH, C.E.O.						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	Shawn Williamson		if self-employ	P01202759			
	parer		PA's		37-1231621			
Use Only Firm's address 6240 S. Lindbergh, Ste 101								
-		St. Louis, MO 63123		Phone no 31	4-845-7999			
Ma	v the	RS discuss this return with the preparer shown above? See instructions		1 1010 10. 0 1	X Yes No			
)01 12-		ons		Form 990 (2020)			
0320	-12 IU			. ~				

See Schedule O for Organization Mission Statement Continuation

	WILD CANID SURVIVAL AND RESEARCH CENTER
	990 (2020) Inc. 43-0996361 Page 2
Pa	t 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: None
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,383,245. including grants of \$) (Revenue \$ 415,919.)
	Preservation of the wolf and its natural environment through captive
	breeding and maintaining the center's environment at a level that
	mimics the canids' natural environment. Program activities include
	education, research, and public involvement which includes having
	visitors to the center and educating them about canids.
41-	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ψu	
40	1,202,045
<u>4e</u>	Total program service expenses 1,383,245.

WILD CANID SURVIVAL AND RESEARCH CENTER Form 990 (2020) Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		Λ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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
_				

	1 990 (2020) Inc. 43-0996	5361	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ū	"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	Х	
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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 in Schedule O for Part VI, lines 11b and 19?	1		
De	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2	Yes	No
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1-	х	
	(gambling) winnings to prize winners?	1c	<u>^</u>	I

Form	990 (2020) Inc.		43-0996	361	Р	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	34				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?)	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices p	provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	399 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile 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?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	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? \dots			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		L	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					37	
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.					77	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

Form	990 (2020) Inc.		43-0996	361	Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). 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	1a	12		100	110
ia	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 0.					
h		46	12			
-	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		Х
_	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					v
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
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 rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)		_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
-	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		appondont			
2	The organization's CEO, Executive Director, or top management official			15a		Х
a b	Other officers or key employees of the organization			15a 15b	ļ	X
u	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
46-		nont	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		Х
	taxable entity during the year?			16a		л
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MO				, ,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-1 (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	_				
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial	
	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 bo	oks ar	d records 🕨			
	The Organization - 636-938-5900					
	P.O. BOX 760, EUREKA, MO 63025					

Form 990	(2020)	Inc.					43-09
Part VII	Compensat	ion of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees,	and Independ	lent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d I	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	tiona		nploy	st cor	<u> </u>			organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ergam <u>a</u> arene
(1) JEREMIAH DELLAS	1.00	_	_				-			
CHAIRMAN		x		x				0.	0.	0.
(2) RHIANNON C. KCKNIGHT	1.00									
VICE CHAIRMAN		x		x				0.	0.	0.
(3) BETH CAMPBELL	1.00									
TREASURER		x		x				0.	0.	0.
(4) JANET LANGLEY	1.00									
SECRETARY		X		X				0.	0.	0.
(5) ANDREW BAUR	1.00									
TRUSTEE		X						0.	0.	0.
(6) MARGUERITE GARRICK	1.00									
TRUSTEE		Х						0.	0.	0.
(7) MICHAEL STITCHER	1.00									
TRUSTEE		Х						0.	0.	0.
(8) SALLY KRIEGEL	1.00									_
TRUSTEE		х						0.	0.	0.
(9) JAY SMITH	1.00									
TRUSTEE		X						0.	0.	0.
(10) LISA KELLEY	1.00									
TRUSTEE		X						0.	0.	0.
(11) VIRGIL VANTREASE	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(12) JONATHAN LOSOS	1.00									0
TRUSTEE		X						0.	0.	0.
		<u> </u>					<u> </u>			
		-								
				<u> </u>						
		<u> </u>		<u> </u>						

		ID SURV	IV	AL	Ał	1D	RE	S	EARCH CENTER		<i>.</i>			
Form 990 (2020)	Inc.						-			43-0	996	361	Pa	age 8
Fart VII Secti	on A. Officers, Directors, Trus		ploy I	ees			ghe	st C					(5)	
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos check ess pe nd a d	ition more rson i	than (is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om the anizat d relat anizatie	e ion ed
			Ē	ï	04	Ke	Hi	R						
			-											
			-											
			-											
1b Subtotal c Total from	continuation sheets to Part V								0.		0.			0.
	lines 1b and 1c)								0.		0.			0.
	er of individuals (including but n	not limited to th	nose	liste	ed al	bove	e) wh	io r	eceived more than \$100),000 of reportab	le			0
3 Did the org	anization list any former officer,	director, trust	ee, I	key (empl	loye	e, or	hig	ghest compensated emp	ployee on			Yes	No
	Yes," complete Schedule J for s											3		Х
-	ividual listed on line 1a, is the su organizations greater than \$15	-		-					-	-		4		x
rendered to	rson listed on line 1a receive or a the organization? <i>If "Yes," com</i>											5		Х
	pendent Contractors									•				
-	his table for your five highest co ation. Report compensation for	-							n the organization's tax		npens			
	(A) Name and business	address	N	ONI	Ε				(B) Description of s	services	С	(C ompe		n
	er of independent contractors (i f compensation from the organi		ot li	mite	d to	tho: (-	stec	d above) who received n	nore than				

Form	n 990	(2020) WILD CANID SUR	VIVAL A	ND RESEARC	H CENTER	43-0996	361 Page 9
	rt V						
		Check if Schedule O contains a response or	note to any lin		/D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ts, C	(c Fundraising events 1c					
Gif	(d Related organizations 1d					
Sim'		e Government grants (contributions) 1e					
utic	1	f All other contributions, gifts, grants, and	76,940.				
ott Ott			84,626.				
Con		h Total. Add lines 1a-1f		2,376,940.			
			Business Code	, ,			
8	2 8		900099	223,910.			
e e	I		900099	86,356.	86,356.		
n Sc enu			900099	24,270.	24,270.		
grar Rev	(d ANIMAL CARE REVENUE	900099	6,943.	6,943.		
Program Service Revenue							
_	1	f All other program service revenue g Total. Add lines 2a-2f		341,479.			
	3	Investment income (including dividends, interest		· / _ · · · ·			
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	_		(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
6	I	b Less: cost or other basis					
enne		and sales expenses					
		c Gain or (loss)					
Other Rev		d Net gain or (loss)a Gross income from fundraising events (not	····· 🕨				
oth	0.	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
			►				
	98	a Gross income from gaming activities. See Part IV, line 19 9a					
	I	b Less: direct expenses					
		c Net income or (loss) from gaming activities	►				
	10 a	a Gross sales of inventory, less returns					
			<u>39,190.</u>				
			21,038.	18,152.	18,152.		
	(c Net income or (loss) from sales of inventory	Business Code	10,132.	10,152.		
sno	11 :		900099	56,288.	56,288.		
ane		b					
Miscellaneous Revenue		c [
Mis		d All other revenue		EC 202			
		e Total. Add lines 11a-11d		56,288. 2,792,859.	415,919.	0.	0.
	<u>12</u>	Total revenue. See instructions	▶	4,174,039.		0.	Eorm 990 (2020)

WILD CANID SURVIVAL AND RESEARCH CENTER Inc. Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 590,507. 543,267. 17,715. 29,525. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 36,328. 33,059. 1,453. 1,816. Other employee benefits 9 2,197. 43,944. 39,989. 1,758. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal Accounting С Lobbying d Professional fundraising services. See Part IV, line 17

162,493.

6,567.

2,148.

25,033.

39,244.

282,315.

64,886.

46,488.

41,177.

110,968.

1,508,130.

56,032.

146,244.

6,567.

2,148.

25,033.

36,497.

282,315.

58,397.

41,839.

16,471.

99,870.

1,383,245.

51,549.

16,249

2,802.

1,962.

6,489.

4,649.

5,548.

24,706.

83,331.

Investment management fees Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) IN-KIND EXPENSES а REPAIR AND MAINTENANCE h UTILITIES С DUES AND SUBSCRIPTIONS d e All other expenses

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

е

f

18

5,550.

41,554.

1,681.

785.

Form 990 (2020)

Inc.

art	X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			L
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,105,968.	1	1,788,003
	2	Savings and temporary cash investments			325,525.	2	350,246
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		662.	4	183	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			40,034.	8	48,37
	9	Prepaid expenses and deferred charges				9	
1	l0a	Land buildings, and aquipments east as othe	<u> </u>				
		basis. Complete Part VI of Schedule D	. 10a	1,242,876.			
	b	Less: accumulated depreciation	10b	267,885.	396,837.	10c	974,99
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, lir				12	
1	13	Investments - program-related. See Part IV, li				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must e			1,869,026.	16	3,161,80
1	17	Accounts payable and accrued expenses			92,329.	17	100,88
1	18	Grants payable		18			
1	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple		21			
2	22	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese persor	าร		22	
2	23	Secured mortgages and notes payable to un				23	
2	24	Unsecured notes and loans payable to unrela	ated third pa	arties		24	
2	25	Other liabilities (including federal income tax,		F			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			16,921.	25	16,41
2	26	Total liabilities. Add lines 17 through 25			109,250.	26	117,29
		Organizations that follow FASB ASC 958, o	heck here				
		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			1,379,534. 380,242.	27	2,110,67 933,82
2	28	Net assets with donor restrictions		<u>.</u>	380,242.	28	933,82
		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 🗌			
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fun	ds			29	
3	30	Paid-in or capital surplus, or land, building, or				30	
3	31	Retained earnings, endowment, accumulated	l income, or	r other funds		31	
3	32	Total net assets or fund balances			1,759,776.	32	3,044,50
1 -	33	Total liabilities and net assets/fund balances			1,869,026.	33	3,161,80

Form **990** (2020)

WILD	CANID	SURVIVAL	AND	RESEARCH	CENTER
-					

	1990 (2020) Inc.	43-099	6361	Paç	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	2,792		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,508		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,284		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,759),7	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,044	1,5	05.
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>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A								OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status a					2020
			nization is a section 50 947(a)(1) nonexempt ch			or a section		
Department of the Treasury		► T	Open to Public					
Internal Revenue Service			v/Form990 for instruct					Inspection
Name of the organizat			RVIVAL AND RE	ESEARC	H CEN	TER		identification number
	Inc.							3-0996361
Part I Reason	for Public	Charity Status.	(All organizations must	complete t	his part.) S	See instruction	ns.	
r	•		(For lines 1 through 12,					
			ion of churches describe		• • •	1)(A)(i).		
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
		or the benefit of a c	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	ned in
-	-	Complete Part II.)			icu by a g	overnmentar		
			mental unit described in	section 17	70(b)(1)(A)	(v).		
	· ·	-	antial part of its support				the general	public described in
		complete Part II.)		Ū			Ū	
8 🗌 A communit	y trust describ	ed in section 170(b))(1)(A)(vi). (Complete Pa	rt II.)				
9 🗌 An agricultu	al research or	ganization described	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-	grant college of agri	culture (see instructions). Enter the	name, cit	y, and state c	of the colleg	e or
university:								
			e than 33 1/3% of its su					
			ect to certain exceptions					•
			e (less section 511 tax) f	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		mplete Part III.)		- (- t - C		00(-)(4)		
	-	-	sively to test for public s	•				
-	-	-	sively for the benefit of, ed in section 509(a)(1)	-			-	
			of supporting organization					
	-		supervised, or controlled				-	, aivina
			egularly appoint or elect					
		complete Part IV, S						
		-	d or controlled in conne	ction with it	ts support	ed organizati	on(s), by ha	iving
control or	management o	of the supporting or	ganization vested in the	same perso	ons that co	ontrol or man	age the sup	ported
organizatio	on(s). You mus	st complete Part IV	, Sections A and C.					
c 🔄 Type III fu	nctionally inte	egrated. A supportir	ng organization operated	l in connec	tion with,	and functiona	ally integrate	ed with,
its suppor	ted organizatio	on(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
••			porting organization ope				°.	
		•	ization generally must sa			•	d an attent	iveness
		,	mplete Part IV, Sectior					
	•		written determination fr			а туре ї, турє	e II, Type III	
			onally integrated suppor					
g Provide the follow								
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
								ļ
 Total								<u> </u>

Schedule A (Form 990 or 990-EZ) 2020 Inc.

43-0996361 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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. Subtract line 5 from line 4.						
See	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)	•		12	
13	First 5 years. If the Form 990 is for the	e organization's f				501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Pe	ercentage				
14	Public support percentage for 2020 (li	ne 6, column (f), (divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quality	fies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstan	ces test, check th	is box and stop h e	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizati	on qualifies as a p	oublicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lir	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circui	mstances test, ch	eck this box and s	top here. Explain	n Part VI how the	
	organization meets the facts-and-circu	imstances test. T	he organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	<u>ı did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	is 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Inc.

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 979,521 921,209 1,064,879 1,602,375 2,600,850 7,168,834. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 562,157. 356,109. 403,206. 562,914. 156,759. 2,041,145. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,277,318 1,468,085 1,541,678 2,165,289 2,757,609 9,209,979. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified 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 0 0 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 9,209,979. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (d) 2019 (c) 2018 (e) 2020 (f) Total 9 Amounts from line 6 1,277,318 1,468,085 1,541,678 2,165,289 2,757,609 9,209,979. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 8,782. 11,358. 10,946. 10,946. 6,366. 48,398. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 8,782 11,358. 10,946. 10,946. 6,366, 48,398. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,286,100. 1,479,443. 1,552,624. 2,176,235. 9,258,377. 13 Total support. (Add lines 9, 10c, 11, and 12.) 2 763 975. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.48 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 99.32 16 % 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .52 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f) 17 % .68 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

Schedule A (Form 990 or 990-EZ) 2020 Inc. Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10h		

10b

	WILD CANID SURVIVAL AND RESEARCH CENTER			
Sche	edule A (Form 990 or 990-EZ) 2020 Inc. 43-09	9636	1 Pa	aae 5
	rt IV Supporting Organizations (continued)			ige e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	
•	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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0		-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
<u>Sec</u>	tion C. Type II Supporting Organizations	2		
000			Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	<u>ns).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			

- 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 in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Schedule A (Form 990 or 990 EZ) 2020 Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990 EZ) 2020 Inc .			4	3-0996361	Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	i	
Sect	ion D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
с	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
-	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 Inc.	43-0996361 _{Pa}	ge 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V	,

60		I	Sup	alamant	ol Eina	naial St	otomonto			OMB No. 1545-00	047
	HEDULE D n 990)						atements 5" on Form 990,			2020	1
•			Part IV, li	ne 6, 7, 8, 9, 10), 11a, 11b	, 11c, 11d, 11e,	11f, 12a, or 12b	b.		Open to Put	● blic
	ment of the Treasury I Revenue Service		Go to www		Attach to 90 for inst		ne latest inform	ation.		Inspection	5110
Nam	e of the organizat	on WILD					H CENTER			er identification nu	
Pa	rt I Organiz	Inc.	taining D	onor Advis	ad Eunde	s or Other S	imilar Funde	or A		43-0996361 Complete if the	
Га			-	990, Part IV, lir		s of Other 3			ccounts	Complete if the	
	organizatio			330, Fait IV, III		Donor advised	funds	(k) Funds a	nd other accounts	
1	Total number at e	nd of vear			()				,		
2	Aggregate value of										
3	Aggregate value of										
4	Aggregate value a	•									
5	Did the organizati					t the assets hel	d in donor advis	ed fund	ds		
	are the organization	on's property, s	ubject to the	e organization's	exclusive	legal control?				🖸 Yes 🗌	No
6	Did the organizati	on inform all gra	antees, dono	ors, and donor a	advisors in	writing that gra	nt funds can be	used o	nly		
	for charitable purp	oses and not f	or the benef	it of the donor	or donor ad	dvisor, or for any	y other purpose	conferr	ring		_
	impermissible priv									🔄 Yes 📃	No
Pa				•	•		" on Form 990, F	Part IV,	line 7.		
1	Purpose(s) of con			, ,							
			,	example, recrea	ation or edu	ucation)	Preservation of				
		f natural habita					Preservation of	a certif	ied histori	c structure	
•		of open space									
2	•	•	ne organizat	tion neid a quai	ified conse	rvation contribu	ition in the form	of a co [easement on the la d at the End of the Ta	
2	day of the tax yea Total number of c		comonte					ł	2a		AICAI
a b								F	2a 2b		
c	Number of conser								20 2c		
	Number of conser							- r			
	listed in the Nation								2d		
3	Number of conser									ring the tax	
	year 🕨				,	0	2	0		0	
4	Number of states	where property	subject to	conservation ea	asement is	located 🕨					
5	Does the organiza	tion have a wri	tten policy re	egarding the pe	riodic mon	itoring, inspecti	on, handling of				
	violations, and en	orcement of th	e conservat	ion easements	it holds?					🗌 Yes 🗌	No
6	Staff and voluntee	er hours devote	d to monitor	ing, inspecting	, handling o	of violations, and	d enforcing cons	servatio	on easeme	nts during the year	
	▶										
7	Amount of expense	ses incurred in	monitoring, i	nspecting, han	dling of vio	lations, and enf	orcing conserva	tion ea	sements d	uring the year	
	▶\$										
8	Does each conser										¬
•	and section 170(h									Yes	No
9	In Part XIII, descri	•	•				•			aa tha	
	balance sheet, an				note to the	organization s	financial stateme	ents th	at descrip	es the	
Pa	organization's acc rt III Organiz				of Art. Hi	storical Trea	asures, or O	ther S	Similar <i>I</i>	Assets.	
			-	d "Yes" on Forn	-				/		
1a	If the organization	-					nue statement a	nd bal	ance shee	t works	
	of art, historical tr					-					
	service, provide ir			•					·		
b	If the organization								e sheet wo	orks of	
	art, historical treas										
	provide the follow	ing amounts re	lating to the	se items:							
	(i) Revenue inclu	ded on Form 9	90, Part VIII,	, line 1					▶ \$		
	(ii) Assets include										
2	If the organization										
	the following amo	•	•			•					
а	Revenue included										
b	Assets included in	Form 990, Pa	rt X	<u></u>	<u></u>				▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

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	dule D (Form 990) 2020 Inc.								1 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar Ass	ets(contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make sig	nificant use of i	S	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	ım			
b	Scholarly research	e		Other					
с	Preservation for future generations								
4	Provide a description of the organization's co	pllections and explai	n how tł	ney further t	he organizatio	on's exem	pt purpose in Pa	art XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	issets		
	to be sold to raise funds rather than to be ma							Yes	🗌 No
Par	t IV Escrow and Custodial Arran							/, line 9, or	
	reported an amount on Form 990, Par			5			,	, ,	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not ir	ncluded		
	on Form 990, Part X?		-					Yes	No No
h	If "Yes," explain the arrangement in Part XIII						L		
b		and complete the lo	nowing	labie.				Amount	
•	Paginning balance						10	Anoun	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
t	Ending balance								
	Did the organization include an amount on Fe							Yes	No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an			1				
		(a) Current year	(b) P	rior year	(c) Two year	s back (c) Three years bac	< (e) Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1	a. column (a	a)) held as:				
	Board designated or quasi-endowment	,	%	3,	-,,,				
	Permanent endowment	%							
		%							
C	The percentages on lines 2a, 2b, and 2c sho	-							
20	Are there endowment funds not in the posse	•	ation the	at are hold a	nd administa	rad for the	organization		
Jd		ssion of the organiz		at are neiù a	inu aurimiste		organization	Г	Yes No
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
_	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV			, Part X, li	ne 10.		
	Description of property	(a) Cost or o			or other	• •	umulated	(d) Bool	k value
		basis (investr	ment)	basis	(other)	depr	eciation		
1a	Land								
	Buildings				8,709.		34,356.		4,353.
	Leasehold improvements				4,204.		21,890.	12:	2,314.
	Equipment			12	9,963.	1	11,639.	18	8,324.
	Other						1		
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line 1	10c.)			974	4,991.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Inc.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	, ,	, ,
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	
(2		
(3		
(4		
(5		
(6)	
(7)	
(8)	
(9)	
	. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par	t X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	·
1.	(a) Description of liability	(b) Book value
(1	1	
(2		
(3	PAYMENTS	16,414.
(4)	
(5)	
(6)	
(7)	
(8)	
(9		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

16,414.

Sche	edule D (Form 990) 2020 Inc.				0996361 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F	Returr	າ.
	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	2,813,897.
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.)		21,038.		
е	Add lines 2a through 2d			2e	21,038.
3	Subtract line 2e from line 1			3	2,792,859.
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.)				
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,792,859.
_					
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Witl			irn.
_	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	n Expenses per		
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Witl	n Expenses per	Retu	irn.
Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Witl	n Expenses per	Retu	irn.
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Witl	n Expenses per	Retu	irn.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	2a 2b	n Expenses per	Retu	irn.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	2a 2b 2c	n Expenses per	Retu	ırn. 1,529,168.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	2a 2b 2c 2d	n Expenses per	Retu	rn. 1,529,168. 21,038.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	n Expenses per	1	ırn. 1,529,168.
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per	1 2e	rn. 1,529,168. 21,038.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	n Expenses per	1 2e	rn. 1,529,168. 21,038.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	n Expenses per	1 2e	rn. 1,529,168. 21,038.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b	2a 2b 2c 2d 4a 4b	n Expenses per	1 2e	rn. 1,529,168. 21,038. 1,508,130. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2a 2b 2c 2d 4a 4b	n Expenses per	1 2e 3	rn. 1,529,168. 21,038. 1,508,130.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	n Expenses per	1 2e 3 4c	rn. 1,529,168. 21,038. 1,508,130. 0.

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 X, Line 2:

The	e Org	ganization	ı is	exem	pt from	income	taxes	pursi	lant	to	sectio	on 5	501(c)	(3)
of	the	Internal	Reve	enue	Service	Code.	There	fore,	no	prov	vision	is	made	for
tax	ces c	on income.	,											

The Center adopted the provisions of Accounting for Uncertainty in Income
Taxes on January 1, 2011. The adoption of that guidance resulted in no
change to the financial statements for prior periods. As of December 31,
2020, no amounts have been recognized for uncertain tax positions. The
Center's tax returns filed for 2017 and prior are closed.
Conter b can recard rite for her, and prior are crobed

		ANID	SURVIVA	L AND	RESEARCH	CENTER		
Schedule D (Form 990) 2020	Inc.						43-0996361	Page 5
Part XIII Supplemental Inform	nation (cor	itinuea)						
COST OF MERCHANDISE	SOLD							
Part XII, Line 2d -	Other	Adjus	tments:					
COST OF MERCHANDISE	SOLD							
Schedule D, page 4,	Part X	I, Li	nes 2d	and 41	b			
Cost of Sales								

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the o	organization

Go to www.irs.gov/Form990 for instructions and the latest information. ILD CANID SURVIVAL AND RESEARCH CENTER

organization	мтгр	CANID	SURVIVAL	А
	Inc.			

τ.7

Employer identification number 43 - 0996361

Pa	rt I Types of Property				•			
	·	(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	;
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37						
25	Other (FOOD, SUPPLIE)	X	654	282,315.	F.WA			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	gement 29				N
~~	5 · · · · · · · · · · · · · · · · · · ·					P	es	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	-			-		00-		х
	exempt purposes for the entire holding period	?				30a	_	
	 If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 							х
31						31	+	
s∠a	Does the organization hire or use third parties		-			222		х
L.	contributions?					32a		
a	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

			CANID	SURVIVAL		RESEARCH	CENTER	42 0006261 -
Schedule M	1 (Form 990) 2020	Inc.	- 12					43-0996361 Page
Part II	Supplemental	Inform	ation. Prov	/ide the informati	on required	d by Part I, lines 3	30b, 32b, and 33,	and whether the organization bination of both. Also complete
	this part for any a	ditional ir	n (b), the num	iber of contributi	ons, the hu	imper of items re	ceived, or a com	Dination of both. Also complete
			inormation.					

SCHEDULE O	Supplemental Information to Form 000 or 000 F	OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E2 Complete to provide information for responses to specific questions on Form 990 or 990-E2 or to provide any additional information.	2020
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organizatio		nployer identification number 43-0996361

Form 990, Part I, Line 1, Description of Organization Mission:

preservation of the wolf and other endangered canids through education,

research and captive breeding.

Form 990, Part VI, Section B, line 11b:

The board of directors is provided with an electronic copy of the form 990

prior to its submission. The Form 990 is prepared by a CPA.

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy and

financial statements are available upon written request from the Endangered

Wolf Center Offices.

Form 990, Part IX, Line 11g, Other Fees:

Professional fees:

Program service expenses

Management and general expenses

Fundraising expenses

Total expenses

Total Other Fees on Form 990, Part IX, line 11g, Col A 162,493.

REASON FOR AMENDED RETURN

FORM 990 WAS AMENDED TO CORRECT THE STATEMENT OF FUNCTIONAL EXPENSES TO

BETTER CORRESPOND WITH THE ORGANIZATION'S ALLOCATION OF INDIRECT COSTS.

146,244.

16,249.

162,493.

0.