# Form **990**

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

A	For the	2021 calendar year, or tax year beginning	and ending												
В	Check if applicable	MILD CANID SOKAIAND AND RESEARCH C	ENTER	D Employer identifi	cation number										
	Addres change	Inc.													
	Name change	Doing business as Endangered Wolf Center		43-09963	61										
F	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 760	Room/suite	Room/suite E Telephone number 636-938-5900											
_	termin-			G Gross receipts \$	3,239,450.										
	ated Amend	City or town, state or province, country, and ZIP or foreign postal cooled <b>EUREKA, MO</b> 63025	ie .												
F	ireturn ∏Applica ∐tion			H(a) Is this a group re											
_	tion pendin	same as C above		for subordinates											
_	T-1/ -1/-		'(a)(1) or 527	H(b) Are all subordinates in											
		e: www.endangeredwolfcenter.org	(a)(1) 01 321	┥,,	list. See instructions										
		organization: X Corporation Trust Association Other	I Van	H(c) Group exemption	n number ► ✓ State of legal domicile: MO										
K I		Summary	<b>L</b> Year	or formation: 19/2 N	A State of legal domicile; MO										
Г			ho Endan	rorod Wolf C	ontor id a										
e	1 !	Briefly describe the organization's mission or most significant activities: $T$	iration	Jereu worr c	the transfer to a										
Jan	1 -	private, nonprofit conservation organization dedicated to the  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Activities & Governance	1			ssets.											
ő				3	12										
જ		Number of independent voting members of the governing body (Part VI, lin			40										
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a			139										
⋛		Total number of volunteers (estimate if necessary)			0.										
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····												
			<u> </u>	Prior Year 2,376,940.	Current Year 2,707,812.										
ne		Contributions and grants (Part VIII, line 1h)													
Revenue		Program service revenue (Part VIII, line 2g)		341,479.	401,599.										
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0. 74,440.	17,279.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			64,375.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		2,792,859.	3,191,065.										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.										
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 670,779.	0.										
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)		857,625.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
꼾	b		1,547.	027 251	747 102										
_	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		837,351.											
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $_{\dots}$		1,508,130.	1,604,818.										
		Revenue less expenses. Subtract line 18 from line 12		1,284,729.											
Net Assets or Fund Balances			<u>B</u>	eginning of Current Year	End of Year										
SSE	20	Total assets (Part X, line 16)		3,161,800.	4,742,641.										
et A	21	Total liabilities (Part X, line 26)		117,295.	110,636.										
		Net assets or fund balances. Subtract line 21 from line 20		3,044,505.	4,632,005.										
_	art II	Signature Block	la - d. d d - 4 - 4 - 4 - 4												
		Ities of perjury, I declare that I have examined this return, including accompanying so			y knowledge and bellet, it is										
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepare	5-20-22	)										
		Signature of officer		Date											
Sig		, -		Date											
Hei	re	MARK CROSS, EXECUTIVE DIRECTOR Type or print name and title													
				Date Check	II PTIN										
De!	,	Print/Type preparer's name Preparer's signature													
Pai		JENNIFER HEIM JENNIFER HEI	M (12.2.7.2.	05/03/22 self-employ	P01864381										
		Firm's name Fick, Eggemeyer & Williamson	, CPA's	Firm's EIN	37-1231621										
USE	Only	Firm's address 6240 S. Lindbergh, Ste 101		34	4 045 7000										
		St. Louis, MO 63123		Phone no. 31	4-845-7999										
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No										

WILD CANID SURVIVAL AND RESEARCH CENTER 43-0996361 Inc. Page 2 Form 990 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: None 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. If "Yes," describe these changes on Schedule O. 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. 1,462,109 • including grants of \$ 461,097. ) (Expenses \$ 4a (Code: ) (Revenue \$ 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. (Code: ) (Expenses \$ including grants of \$

. (0.)	) /5		1	(n •
(Code:	) (Expenses \$	including grants of \$	·	(Revenue \$
•				
•				
l Other proເ	gram services (Describe o	on Schedule O.)		
(Expenses \$		including grants of \$	) (Revenue \$	)
<ul> <li>Total prog</li> </ul>	ram service expenses 🕨	1,462,109.		
				Form <b>990</b> (20
002 12-09-21				

43-0996361 Page **3** 

Inc.

# Form 990 (2021) Inc. Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II I I I I I I I I I I I I I I I I I				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule D, Part I I Section 501(R)(S) organizations. Did the organization engage in diobty of the organization in effect during the tax year? If "Yes," complete Schedule C, Part II I I Section 501(R)(S) organizations. Did the organization as defined in Rev Proc. 88-101 II "Yes," complete Schedule C, Part II I I Was organization as defined in Rev Proc. 88-101 II "Yes," complete Schedule C, Part II I I Was organization and the distribution or investment. Individing easements for which donors have the right to provide activitie on the distribution or investment of amounts in such funds or accounts I're's, "complete Schedule C, Part II I I Was organization and areas, or hatotic setucture 81 "Yes," complete Schedule D, Part II I I I Was organization and 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 II I I 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, in provide errelations or an amount for investments or through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V II I I the organization report an amount for investments - other securities in Part X, line 197 II "Yes," complete Schedule D, Part V II I I the organization report an amount for investments - other securities in Part X, line 197 II "Yes," complete Schedule D, Part V II I I the organization report an amount for investments - other securities in Part X, line 197 II "Yes," complete Schedule D, Part V II I I I the organization report an amount for the institute of the securities in Part X, line 197 II "Yes," complete Schedule D, Part V	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engage in direct or indirect political camping activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 50((3)) arganization. Both the organization engage in lobbying activities, or have a saction 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Section 50((3)) arganization. Both the organization engage in lobbying activities, or have a saction 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III  Did the organization as section 501(c)(4), 501(c)(5), 07(5)(5) (5) (5) (5) (5) (5) (5) (5) (5) (		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part II  8 Section 501(8) arganization. Did the organization engage in lobbying activities, or have a section 501(8) election in effect during the tax year? If "Yes," complete Schedule C, Part II  8 Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Per Price, 981-91 If "Yes," complete Schedule C, Part III  8 Did the organization maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule D, Part II  9 Did the organization receive or hold a conservation essenti, including easements to preserve open space, the environment, historic land erase, or historic advised funds or any country If "Yes," complete Schedule D, Part II  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  10 Did the organization insport an amount in Part X, line 21, for secrow 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?  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII III  15 Did the organization report an amount for investments of the tax year include a footnote that addresses the organization in Part X, li	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes", complete Schedule C, Part II is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes", complete Schedule C, Part III is the organization and in any donor advised funds or any similar funds or accounts? If "Yes", complete Schedule D, Part II is Did the organization review 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 is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes", complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes", complete Schedule D, Part II is Did the organization provide and counseling, debt management, credit repair, or debt negotiation services? If "Yes", complete Schedule D, Part IV is Did the organization and provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes", complete Schedule D, Part V is 10 bid the organization for any of the following questions is "Yes", then complete Schedule D, Part V is 11 the organization and any of the following questions is "Yes", then complete Schedule D, Part V is 11 the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes", complete Schedule D, Part V iii If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes", complete Schedule D, Part V iii If If I is 11 If I is 1	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section \$01(04), 501(06), or 50		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 9.01(c)(6), or 501(c)(6)	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   5   X   5   X   5   Did the organization maintain any donce 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 II   7   X   X   5		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised 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 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 III Side of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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?  10 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 redit counseling, debt management, credit repair, or debt negotiation services?  11 If the organization is on the following questions is "Yes," then complete Schedule D, Part V III If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part XI, III If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 If III I	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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Schedule D, Part III  9 Did the organization report an amount in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization service or or or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization service and or or or organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  14 Did the organization amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  17 Did the organization balance separate or consolidated financial statements for the tax year include a control tental addresses the organization balance separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so option		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part V  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  11	8				
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#*Yes," complete Schedule D, Part V   10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? #*Yes," complete Schedule D, Part V   10 X   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes," complete Schedule D, Part V   11a X   11b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? #*Yes," complete Schedule D, Part VI   11b X   11b 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? #*Yes," complete Schedule D, Part VII   11c X   11b Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? #*Yes," complete Schedule D, Part VII   11c X   11d X   11d Did the organization report an amount for other ilabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? #*Yes," complete Schedule D, Part X   11d X   11d X   11d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year?   17*Yes," complete Schedule D, Part X   11f X   12a Did the organization obtain separate, independent audited financial statements for the tax year?   17*Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?   17*Yes," and if the organization aschool described in section 170(b)(1)(A)(R)(F) F*Yes," complete Schedul	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 X 11 X 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 X 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization organization organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization organization and XII 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did The organization and XII 12 Did the organization maintain an office, employees, or agents outside of the United States or the tax year? If Yes," complete Schedule D, Part X I and XII 12 Did the organization maintain an office, employees, or agents outside of the United States? 11 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign indiv					
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14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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 Zi  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. See instructions  17 Zi  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12				X
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b 21  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19				
<ul> <li>20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b Zib In the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>		complete Schedule G, Part III	19		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pa	rt IV Checklist of Required Schedules (continued)			
	Dilli		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	┝≏
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24 a	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			l
	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	255		<del></del>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,	20		<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŭ	"Yes," complete Schedule L, Part IV	28a		X
h	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 line 28a or 28b?If	200		<del></del>
Ŭ	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	—	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١,,
	Part V, line 1	34	<u> </u>	X
	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	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l 🕶
	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			l 🕶
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
·a	Check if Schedule O contains a response or note to any line in this Part V			
	Greek if Schedule O Contains a response of note to any life in this Part v		V	L Ale
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	) 	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a  1b	7		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

(gambling) winnings to prize winners?

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### Part 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,		40						
	filed for the calendar year ending with or within the year covered by this return	2a	40		37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X				
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х			
				3a 3b		1			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			30					
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x			
h	If "Yes," enter the name of the foreign country	accour	19:	Tu					
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts						
	were not tax deductible?								
7 Organizations that may receive deductible contributions under section 170(c).									
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor								
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 was	as req	uired						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e					
е	J , , , , , , , , , , , , , , , , , , ,								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h					
_									
8	sponsoring organizations maintaining donor advised tunds. Did a donor advised fund maintained by the								
9									
	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
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							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı <b>ı</b>	•	12a					
	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.			10-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Form 990 (2021) Inc.

C.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	2									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 appoint 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, stockholders, 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 by the 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 reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MO										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c) (c) (c) (c) (c) (c) (c) (c) (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 on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	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 books and records										
	The Organization - 636-938-5900										
	P.O. BOX 760, EUREKA, MO 63025										

Inc. 43-0996361

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# Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to an	v line in this Part VII	
officer if ochicula o contains a response of flote to an	y mic ni tino i ait vii	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	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	son is both an ector/trustee)		compensation	compensation	amount of
	week	$\vdash$		10 2 0	1	)/ ii us		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	ımpeı		1099-NEC)	,	and related
	below	idual	ution	<u>.</u>	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) JEREMIAH DELLAS	1.00									
CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(2) RHIANNON C. KCKNIGHT	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) BETH CAMPBELL	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) JANET LANGLEY	1.00									
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(5) ANDREW BAUR	1.00									
TRUSTEE		Х						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									
SECRETARY		Х						0.	0.	0.
(9) JAY SMITH	1.00									
TRUSTEE		Х						0.	0.	0.
(10) LISA KELLEY	1.00									
TRUSTEE		Х						0.	0.	0.
(11) VIRGIL VANTREASE	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JONATHAN LOSOS	1.00									_
TRUSTEE		Х						0.	0.	0.
										_
		1								
										_
		L_	L_	L_		<u> </u>	L			
		L_	L_	L_		<u> </u>	L			

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Emp						oloyees, and Highest Compensated Employees (continued)								
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo oppo oppo oppo oppo oppo o	not c	Pos heck ss pe	ition more erson lirecto		one h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d ns SC/	Estimate amount of other compensat from the organization and relate organization		of tion e ion ed
1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable continuation in the continuation of the co									0 • 0 • 0 •			0.0.0.		
3 4 5 Sec	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the surand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," completion B. Independent Contractors	uch individual im of reportab 0,000? If "Yes, accrue compe	le co " co nsat	omp omple ion f	ensa ete S rom	atior Sche	n and edule unr	d otl	her compensation from for such individual	the organization		3 4 5	Yes	X X
1	Complete this table for your five highest conthe organization. Report compensation for to (A)  Name and business	the calendar y	ear		ng v					year.		(0	from C) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organize		ot li	mite	d to		se li:	stec	d above) who received n	nore than				

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Form 990 (2021)

Form 990 (2021) Inc.
Part VIII Statement of Revenue

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		Check if Schedule O	contains a response	or note to anv lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0 (n)			1.1					30000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
اع چر ا	b	Membership dues	1b					
Arr.	С	Fundraising events	1c					
盲	d	Related organizations	1d					
S,E		Government grants (contr						
Sign		All other contributions, gifts,	· · · · · · · · · · · · · · · · · · ·					
토	-	similar amounts not included		707,812.				
호텔	~		***	505,556.	•			
등림		Noncash contributions included in			2,707,812.			
<del>- "</del>	n	Total. Add lines 1a-1f			2,707,012.			
		MEMBER GUITRG		Business Code	200 641	200 641		
<u>8</u>	2 a	MEMBERSHIPS		900099	200,641.	200,641.		
e S	b	EDUCATIONAL P		900099	189,465.	189,465.		
S =	С	ANIMAL CARE R	REVENUE	900099	11,493.	11,493.		
Program Service Revenue	d							
<u>9</u>	е							
ሷ	f	All other program service	revenue					
		Total. Add lines 2a-2f		<b></b>	401,599.			
$\overline{}$	3	Investment income (include			, , , , , , ,			
	Ü	·	-		5,554.	5,554.		
		other similar amounts)			3,334.	3,334.		
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss	)					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 11,725.					
	h	Less: cost or other basis	, ,					
ē	~	and sales expenses	7b 0.					
en	_		7c 11,725.					
ther Revenue		Gain or (loss)			11,725.	11,725.		
<u> </u>		Net gain or (loss)		······ •	11,725.	11,740.		
the	8 a	Gross income from fundraisi	ng events (not					
0		including \$	of					
		contributions reported on	, , , , , , , , , , , , , , , , , , ,					
		Part IV, line 18	8a					
	b	Less: direct expenses	8b	3,555.				
		Net income or (loss) from			22,156.			22,156.
		Gross income from gamin						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from		<b>&gt;</b>				
			· · -	<b></b>				
	io a	Gross sales of inventory,	<b>I</b>	87,049.				
		and allowances						
		Less: cost of goods sold		44,830.	40 010	40 010		
	С	Net income or (loss) from	sales of inventory	<b></b>	42,219.	42,219.		
<u>0</u>				Business Code				
e gon	11 a							
an in	b							
Miscellaneous Revenue	С							
<u>iš</u>		All other revenue						
2		Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instruction			3,191,065.	461,097.	0.	22,156.

Inc.

Form 990 (2021) 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) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 37,584. 751,686. 691,551. 22,551. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,533. 42,345. 1,861. 2,327. Other employee benefits 9 54,059. 59,406. 2,376. 2,971. Payroll taxes 10 Fees for services (nonemployees): 11 a Management ..... Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 166,867. 150,180. 16,687. column (A), amount, list line 11g expenses on Sch O.) 10,451. 10,451. Advertising and promotion 12 2,660. 88,662. 81,569. 4,433. Office expenses 13 14 Information technology 15 Royalties 2,803. 2,523. 140. 140. 16 Occupancy 7,045. 7,045. 17 Travel 18 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 23,644. 23,644. Depreciation, depletion, and amortization ..... 22 44,491. 41,377. 889. 2,225. 23 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 O.) 170,100. 170,100. IN-KIND EXPENSES UTILITIES 51,164. 46,048. 5,116. 44,982. 17,993. DUES AND SUBSCRIPTIONS 26,989. 34,166. 3,796. d REPAIR AND MAINTENANCE 37,962. 89,058. 99,022. 4,988. 4,976. e All other expenses 1,604,818. 1,462,109. 91,162. 51,547. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2021)
Part X Balance Sheet

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Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,788,003.		
	2	Savings and temporary cash investments		2	1,258,235.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,050.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	29,188.
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,967,65	4.		
	b	Less: accumulated depreciation 10b 291,52	9. 974,991.	10c	1,676,125.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,161,800 <b>.</b>	16	4,742,641.
	17	Accounts payable and accrued expenses	100,881.	17	65,888.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11- 1-	25	44,748.
	26	Total liabilities. Add lines 17 through 25	117,295.	26	110,636.
S		Organizations that follow FASB ASC 958, check here   X			
၁၄		and complete lines 27, 28, 32, and 33.	0.440.650		2 222 552
alaı	27	Net assets without donor restrictions		27	3,293,550.
Ä	28	Net assets with donor restrictions	933,826.	28	1,338,455.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ţs	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	4 600 00=
Š	32	Total net assets or fund balances	3,044,505.	32	4,632,005.
	33	Total liabilities and net assets/fund balances	3,161,800.	33	4,742,641.

Form **990** (2021)

43-0996361 Inc. Page **12** Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 3,191,065. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,604,818. Total expenses (must equal Part IX, column (A), line 25) 2 2 1,586,247. 3 Revenue less expenses. Subtract line 2 from line 1 3 3,044,505. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 1,253. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 4,632,005. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Lash X Accrual \_\_ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2021)

2c

Х

Х

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

WILD CANID SURVIVAL AND RESEARCH CENTER

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Inc. 43-0996361 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Inc.

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Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	D(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)			
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III. If the	e organization			
	fails to qualify under the tests	s listed below, plea	se complete Part	III.)						
Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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)									
	Public support. Subtract line 5 from line 4.									
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	<b>Total support.</b> Add lines 7 through 10									
	Gross receipts from related activities,	•	,			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)				
_	organization, check this box and stor						<u></u>			
	ction C. Computation of Publ					1 1				
14	Public support percentage for 2021 (					14	%			
15	Public support percentage from 2020					15	%			
16a	33 1/3% support test - 2021. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2020. If the									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the fact			=	· ·	VI how the organiz	ation			
	meets the facts-and-circumstances to	-		*	-					
b	10% -facts-and-circumstances tes	-					10% or			
	more, and if the organization meets the		•		•		. —			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

Schedule A (Form 990) 2021

Inc.

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#### 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 b	elow, please comp	olete Part II.)						
Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and						_		
	membership fees received. (Do not								
	include any "unusual grants.")	1,064,879.	979,521.	1,602,375.	2,600,850.	2,908,453.	9,156,078.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	402.006	ECO 155	F.CO. 01.4	156 850	212 510			
	organization's tax-exempt purpose	403,206.	562,157.	562,914.	156,759.	313,718.	1,998,754.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5	1,468,085.	1,541,678.	2,165,289.	2,757,609.	3,222,171.	11,154,832.		
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0		
	amount on line 13 for the year						0.		
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)						11,154,832.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,468,085.	1,541,678.	10,946.	2,757,609. 6,366.	3,222,171. 5,554.	11,154,832. 45,170.		
ŀ	Unrelated business taxable income	,	,	<u> </u>		,	<u> </u>		
_	(less section 511 taxes) from businesses acquired after June 30, 1975								
,	Add lines 10a and 10b	11,358.	10,946.	10,946.	6,366.	5,554.	45,170.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,	.,	.,.	, , , , ,	.,			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,479,443.	1,552,624.	2,176,235.	2,763,975.	3,227,725.	11,200,002.		
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,		
	check this box and stop here						<b>&gt;</b>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2021 (	line 8, column (f), d	livided by line 13,	column (f))		15	99.60 %		
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	99.48 %		
Se	ction D. Computation of Inves	stment Incom	e Percentage						
17	Investment income percentage for 20	<b>121</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.40 %		
18	Investment income percentage from 2	<b>2020</b> Schedule A,	Part III, line 17			18	.52 %		
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1			
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	ition	<b>▶</b> X		
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and		
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	▶∐		
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions			

43-0996361 Page 4 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	401-		
duta	10b A (Forr	n 000	2024
Jule	~ (FUI)	230)	2021

WILD CANID SURVIVAL AND RESEARCH CENTER 43-0996361 Page 5 Inc. Schedule A (Form 990) 2021 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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.

2b

За

Inc.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ			
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.						
Sect	(B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 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	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2021

43-099<u>6361 Page 7</u>

	dule A (Form 990) 2021 Inc.	(a)(2) Supporting Orga	nizationa	4	3-0996361 Page 7				
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	on D - Distributions		<u> </u>		Current Year				
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		_					
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3					
4_	Amounts paid to acquire exempt-use assets	. 1d. d.t.1.1.1.1. 1. D. 1.10		4					
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	ne organization is responsive	;						
	(provide details in Part VI). See instructions.  Distributable amount for 2021 from Section C, line 6			<u>8</u> 9					
9	,			10					
10	Line 8 amount divided by line 9 amount	(i)	/ii\	10	(iii)				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
c	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
<u>i</u> _	Carryover from 2016 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a	Excess from 2017								
b	Excess from 2018								
С	Excess from 2019								
d	Excess from 2020								
е	Excess from 2021								
		· · · · · · · · · · · · · · · · · · ·							

Schedule A (Form 990) 2021

WILD CANID SURVIVAL AND RESEARCH CENTER 43-0996361 Page 8 Schedule A (Form 990) 2021 Inc. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

132028 01-04-22 Schedule A (Form 990) 2021

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WILD CANID SURVIVAL AND RESEARCH CENTER Inc.

Employer identification number 43-0996361

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes on Form 556, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Tracquires or (	Other Similar Assets
Га	till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		other Sillilai Assets.
12	If the organization elected, as permitted under FASB ASC 95		and balance shoot works
ıa	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its finar	,	'
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in fun	inerance of public service,
	provide the following amounts relating to these items:		<b>*</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b>
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treations.	nourse, or other similar assets for financia	
2			ai yaiii, piovide
_	the following amounts required to be reported under FASB A	_	<b>*</b>
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
IJ	Assets included in Form 330, Fall A		Ψ Ψ

Par	rt III   Organizations Maintaining C	ollections of Al	τ, Hist	oricai ir	easures, c	or Other	Simila	ır Asse	<b>ES</b> (continue	d)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make sig	nificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	$\square$	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	sures, or oth	er similar a	ssets		- r	_
_	to be sold to raise funds rather than to be ma								Yes	No
Pai	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia								٦., ٢	<b>—</b> 1
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:					Amount	
	B								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	<b>5</b> /						1e			
f 20	Ending balance						<b>1f</b>		Yes	No
	If "Yes," explain the arrangement in Part XIII.								Г	
	rt V Endowment Funds. Complete if									
		(a) Current year		rior year	(c) Two year			ears back	(e) Four yea	ars back
1a	Beginning of year balance	,	. ,		, ,	<u> </u>	, ,		, ,	
	Contributions									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment 9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	ınd administe	red for the	organiz	ation	_	
	by:									s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
Do:	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	rt VI Land, Buildings, and Equipm		Dort IV	lina 11a G	Caa Farm 000	Dort V liv	. 10			
	Complete if the organization answered				1				<u> </u>	
	Description of property	(a) Cost or o			or other	. ,	umulate	d	(d) Book va	alue
	Lond	basis (investr	ieiil)	Dasis	(other)	uepre	eciation			
	Land			1 50	3,487.		39,32	28	1,554,	150
	Buildings				4,204.		L9,47			729.
	Leasehold improvements				9,963.		32,72			763.
	Equipment Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 4 , 1 2			705•
	Other		V colum	n (D) line 1	100)				1 676	125

WILD CANID	SURVIVAL AND	RESEARCH CENTER	
Schedule D (Form 990) 2021 Inc.			43-0996361 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	2.
(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"			
(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	e 11d. See Form 990, Part X, line 15	5.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	Federal income taxes	
(2)	NET PRESENT VALUE OF ANNUITY	
(3)	PAYMENTS	15,044.
(4)	CREDIT CARD PAYABLE	2,926.
(5)	PAYROLL RELATED LIABILITIES	26,778.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	44,748.

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

Sch	edule D (Form 990) 2021 Inc.				0996361 <sub>Page</sub>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per I	Returr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,273,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	11,725	<u>.</u>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d			70,541	•	
е	Add lines 2a through 2d			2e	82,266
3	Subtract line 2e from line 1			3	3,191,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
C	Add lines 4a and 4b				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)				
5					3,191,065 irn.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ements With			ırn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State	ements With 2a.	h Expenses pe		ırn.
5 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 State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With 2a.	h Expenses pe	r Retu	ırn.
5 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 State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  Total expenses and losses per audited financial statements	ements With 2a.	h Expenses pe	r Retu	ırn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TX XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 2a.	h Expenses pe	r Retu	ırn.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	2a. 2a 2b	n Expenses pe	r Retu	ırn.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IN Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	2a   2b   2c	h Expenses pe	r Retu	rn. 1,653,203
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	2a 2b 2c 2d	48,385	r Retu	1,653,203 48,385
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	2a   2b   2c   2d	48,385	1	1,653,203 48,385
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IN Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	48,385	1 2e	1,653,203 48,385
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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. 2a 2b 2c 2d	48,385	1 2e	1,653,203 48,385
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	48,385	1 2e	1,653,203 48,385
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IN Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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	2a   2b   2c   2d   4a   4b	48,385	1 2e	48,385 1,604,818
5 Pa 1 2 a b c c d e 3 4 a b c c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IN Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1  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.)	2a   2b   2c   2d   4a   4b	48,385	1 1 2e 3	1,653,203 48,385

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 Organization is exempt from income taxes pursuant to section 501(c)(3) of the Internal Revenue Service Code. Therefore, no provision is made for taxes 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, 2021, no amounts have been recognized for uncertain tax positions. The Center's tax returns filed for 2018 and prior are closed.

Schedule D (Form 990) 2021	Inc.	43-0996361	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (continued)		
COST OF MERCHANDISE	SOLD		
FUNDRAISING			
Part XII, Line 2d -	Other Adjustments:		
COST OF MERCHANDISE	SOLD		
FUNDRAISING			
FUNDIALDING			
Schedule D. page 4.	Part XI, Lines 2d and 4b		
	,		
Cost of Sales			

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

WILD CANID SURVIVAL AND RESEARCH CENTER Employer identification number Name of the organization Inc. 43-0996361 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021

Inc.

43-099<u>6361 Page 2</u>

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr							
			(a) Event #1 SPECIAL EVENTS	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))			
ne			(event type)	(event type)	(total number)	33(2)/			
Revenue	1	Gross receipts	25,711.			25,711.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	25,711.			25,711.			
	4	Cash prizes							
es	5	Noncash prizes							
xbens	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment				3,555.			
	9 10	Other direct expenses			<b>•</b>	3,555.			
	11	· · · · · · · · · · · · · · · · · · ·				22,156.			
Pa	rt I					, , , , , , , , , , , , , , , , , , ,			
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross revenue							
Ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct I	4	Rent/facility costs							
	5	Other direct expenses							
		,	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
а	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:								
		ere any of the organization's gaming licenses r Yes," explain:	•	_	year?	Yes No			

Sch	nedule G (Form 990) 2021 Inc.	4	<u> 13-099</u>	6361	Page <b>3</b>
11	Does the organization conduct gaming activ	ities with nonmembers?	L	Yes	☐ No
		rustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity of				
			13	Ba	%
					%
		who prepares the organization's gaming/special events books and record			,,,
•	·		J.		
	Address				
15a	a Does the organization have a contract with	a third party from whom the organization receives gaming revenue?	L	<b>∐</b> Yes	└─ No
k	If "Yes," enter the amount of gaming revenu	e received by the organization > \$ and the amou	nt		
	of gaming revenue retained by the third part				
c	If "Yes," enter name and address of the third				
	,				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Emp	loyee Independent contractor			
17	Mandatan, distributions:				
	Mandatory distributions:	to make charitable distributions from the gaming proceeds to			
•		to make charitable distributions from the gaming proceeds to		Voc	☐ No
				_ 1es	NO
ľ	•	nder state law to be distributed to other exempt organizations or spent in	tne		
Da	organization's own exempt activities during			ı: 0	01 401
Pa		Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III	, lines 9	, 90, 100,
	15b, 15c, 16, and 1/b, as applicable	e. Also provide any additional information. See instructions.			

Schedule G	$_{ m i}$ (Form 990) $_{ m inc}$ .	43-0996361 Page 4
Part IV	Supplemental Information (continued)	<u> </u>
	. , ,	

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

WILD CANID SURVIVAL AND RESEARCH CENTER Inc.

Employer identification number 43-0996361

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	s
1	Art - Works of art		itomo continuatos	1 01111 000,1 411 1111, 11110 19				
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	···							
16								
17								
18	Collectibles Collection							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (STOCK )	X	1	194,630.	FMC			
26	Other ► (FOOD, SUPPLIE)	X	215	170,100.	FMV			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II	(Form 990) 2021 Supplemental	Information. Provide the information required by Part I, lines 30b, 32b, and 3	33 and whether the organiz	Page 2
	is reporting in Part	t I, column (b), the number of contributions, the number of items received, or a codditional information.	mbination of both. Also con	nplete

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WILD CANID SURVIVAL AND RESEARCH CENTER Inc.

Employer identification number 43-0996361

Form 990, Part I, Line 1, Description of Organization Mission	n:
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	f 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	150,180.
Management and general expenses	16,687.
Fundraising expenses	0.
Total expenses	166,867.
Total Other Fees on Form 990, Part IX, line 11g, Col A	166,867.