# Extended to November 15, 2018

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)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Α	ror the	2017 calendar year, or tax year beginning and calendar year, or tax year beginning	enaing	-				
В	Check if applicable	C Name of organization WILD CANID SURVIVAL AND RESEARCH CENTE	ER	D Employer identifi	cation number			
	Addres change							
	Name change	Doing business as Endangered Wolf Center		43-0	996361			
F	Initial return	-	Room/suite	E Telephone numbe				
F	Final return/			636-	938-5900			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 1,502,721				
	Ameno			H(a) Is this a group re				
	Application			for subordinates				
	pendin	same as C above		H(b) Are all subordinates in	·····			
$\overline{}$	Tay.eye	empt status: X 501(c)(3)	or 527	1 ' '	list. (see instructions)			
		e; ► www.endangeredwolfcenter.org	<u> </u>	H(c) Group exemptio	,			
		organization: X Corporation Trust Association Other	I Year		A State of legal domicile: MO			
		Summary	Tour	01101111dd011; = 2 / =   N	Totale of logal doffilolio, == •			
	1	Briefly describe the organization's mission or most significant activities: The	Endano	ered Wolf C	enter is a			
Activities & Governance	'	private, nonprofit conservation organization	tion d	edicated to	the			
naı		Check this box if the organization discontinued its operations or dispos						
Ver				1 1	12			
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)			12			
დ თ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			22			
ij					120			
≨	1	Total number of volunteers (estimate if necessary)			0.			
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.			
	·	Net differenced business taxable income from 1 offi 990-1, life 34		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		761,016.	890,214.			
Revenue	9			446,715.	495,662.			
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,954.	78,551.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,272,685.	1,464,427.			
		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.	0.			
'n		Coloring other componentian ampleyes handits (Dort IV column (A) lines E 10)		596,371.	603,887.			
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.			
ben	h loa	Total fundraising expenses (Part IX, column (D), line 25) 91.26	60.		<u> </u>			
ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		577,102.	716,256.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,173,473.				
		Revenue less expenses. Subtract line 18 from line 12		99,212.	144,284.			
or Ps	3	rievende 1635 expenses. Oubtract inte 10 north inte 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1 20	1,156,816.	1,330,682.			
ASS	21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		75,886.	105,468.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,080,930.	1,225,214.			
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is			
	-	t, and complete. Dec <u>l</u> aration of preparer (other than officer) is based on all information of wh			, memeage and senen, it is			
	,, 0000	► Mushaul	proparor	The any threatened get				
Sig	ın	Signature of officer		Date				
He		VIRGINIA BUSCH, EXECUTIVE DIRECTOR						
110	16	Type or print name and title						
_		Print/Type preparer's name Preparer	11	Date Check	II PTIN			
Pai	d	Shawn Williamson Frequent Haur Williamson		if				
	parer		PA's	self-employ Firm's EIN ▶	37-1231621			
	Only	Firm's address 6240 S. Lindbergh, Ste 101	-11 0	I IIIII 3 LIIV	J, 1231021			
550	<b>y</b>	St. Louis, MO 63123		Phone no 31	4-845-7999			
N/a	v tha IF	RS discuss this return with the preparer shown above? (see instructions)		I Holle Ho. 5 ±	X Yes No			
ivia	y une ir	no discuss this return with the preparer shown above? (see instructions)			LANTES IND			

WILD CANID SURVIVAL AND RESEARCH CENTER 43-0996361 Inc. Page 2 Form 990 (2017) 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. 1,097,272. including grants of \$ 495,662. ) (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 \$ ) (Revenue \$ including grants of \$ 40

(Code: ) (Expenses \$	ir	ncluding grants of \$		) (Revenue \$	
Other program services (Describ	pe in Schedule O.)				
(Expenses \$			) (Revenue \$		)
Total program service expenses	including grants of \$ 1,097	, 272.			
					Form <b>990</b> (201
11-28-17					

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Form 990 (2017) Inc.

Part IV Checklist of Required Schedules

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Page **3** 

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Σ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		۱ ۔
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Σ,
	Schedule D, Part III	8		Σ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Σ
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		2
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		2
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		2
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	İ
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		2
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		2
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	14b		:
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		2
6	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		2
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Г
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		2
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		2
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		2
	complete conceded a, r art in		990	

Form 990 (2017)

Inc. Part IV | Checklist of Required Schedules (continued)

Yes No Х **20a** Did the organization operate one or more hospital facilities? *If* "Yes." *complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O .

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Form 990 (	(2017)	) Inc.	43-0996361	Page
Part V	St	atements Regarding Other IRS Filings and Tax Compliance	7	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		Ш					
			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 in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		X					
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b							
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
Ŭ	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a							
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	ısa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans   13b								
C	Enter the amount of reserves on hand 13c								
	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 in Schedule O	14b							
	, 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								

TILD CANID SURVIVAL AND RESEARCH

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Form 990 (2017) Inc. 43-0996361 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c  $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

#### 43-0996361 Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Chaole if Cahadule	O containa a rachanac ar	note to any line in this Part VII	
Check ii Schedule	: O contains a response or	note to any line in this Part VII	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	CCI ai	10 2 0	1	1744 43	100)	from	from related organizations (W-2/1099-MISC)	other
	(list any hours for	Individual trustee or director				_		the organization		compensation from the organization
	related	ee or	stee			nsate		(W-2/1099-MISC)		
	organizations	trust	Institutional trustee		yee	educ		,		and related
	below	/id ual	tution	er	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) JEREMIAH DELLAS	1.00								_	_
CHAIRMAN		Х		Х				0.	0.	0.
(2) SHY PATEL	1.00								_	_
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) CRAIG AUSTIN	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) JANET CONNERS	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(5) ANDREW BAUR	1.00									
TRUSTEE		Х						0.	0.	0.
(6) JULIA BRNCIC	1.00									
TRUSTEE		Х						0.	0.	0.
(7) BETH CAMPBELL	1.00									
TRUSTEE		Х						0.	0.	0.
(8) SALLY KRIEGEL	1.00	l								
TRUSTEE	1	Х						0.	0.	0.
(9) RHIANNON E. MCKNIGHT	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(10) PAOLO STANGE	1.00	١							•	
TRUSTEE	1 00	Х						0.	0.	0.
(11) VIRGIL VANTREASE	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(12) PAUL ZEMITZSCH	1.00	,,							•	•
TRUSTEE		Х						0.	0.	0.
		-								
		-								
		-								
				_						
		1								
		$\vdash$								
		1								

Form **990** (2017) 732007 11-28-17

Form	990 (2017)	WILD Inc.	CANI	D SURV	[VZ	AL	Aì	ND	RI	ES:	EARCH (	CENTER	43-0	996	361	D.	age (
	t VII Section A. Office		rs Trust	tees Key Fm	nlov	/ees	an	d Hi	iahe	st C	:omnensate	d Employe			<del></del>	1 6	ige v
	(A)	is, Directo	13, 1143	(B)		/663		C)	gne	31 (	(D		(E)			(F)	
	Name and title  Average hours per week (list any hours for		Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an stee)	Repor comper fro th organi	table nsation m	Reportable compensation from related organizations (W-2/1099-MISC		Estimated amount of other compensate		of tion		
				related organizations below line)	<b>章</b>	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/109	9-MISC)			and	nizati relate nizatio	ed
										ightharpoons		0.		0.			0
	Total from continuation											0.		0.			0
	Total (add lines 1b and									<u> </u>			000 of war and a				
2	Total number of individu compensation from the	-	-	ot ilmited to tr	iose	IISTE	ea ai	DOV	e) wi	no r	eceivea more	e than \$100	,000 of reportab	ie			(
	Compensation from the	organizatio														Yes	No
3	Did the organization list																
	line 1a? If "Yes," comple														3		Х
4	For any individual listed and related organization			•									•		4		Х
5	Did any person listed on																
	rendered to the organiza		es," com	olete Schedul	e J t	for s	uch	pers	son .						5		X
	tion B. Independent Cor				_								•				
1	Complete this table for your the organization. Report			-	-									npens	ation fr	om	
		Name and b	(A)	address	NT/	\\TI					Des	(B) cription of s	envices		(C) compen		
	'	varrie ario c	Jusii 1633	address	11/	INC	<u>.                                    </u>				Desi		el vices		Ompen	Satio	

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2017)

\$100,000 of compensation from the organization

Form 990 (2017) Inc.
Part VIII Statement of Revenue

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		Check if Schedule O cont	aine a reenonee	or note to any lin	ne in this Part VIII			
		Officer if Schedule O conti	airis a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
<u> </u>						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
흥미	b	Membership dues	1b					
Am (	С	Fundraising events	1c					
a H	d	Related organizations	1d					
s, mi	е	Government grants (contribut	ions) 1e					
อีเริ	f	A 11 . 12 . 12 . 161						
멸		similar amounts not included above		890,214.				
들힌	g			197,455.				
ᇘᅙ	_	Total. Add lines 1a-1f			890,214.			
		Total. Add lines 1a 11		Business Code				
_	0 -	EDUCATIONAL PRO	CRAMS	900099	192,688.	192,688.		
<u>ĕ</u>	2 a	MEMBERGILLEG	GIGHID	900099	174,665.	174,665.		
ie j	b	SPECIAL EVENTS		900099	110,424.	110,424.		
e e	С	ANIMAL CARE REV	TENTITE	900099	17,885.	17,885.		
Re	d	ANIMAL CARE REV	ENCE	300033	17,000.	17,005.		
Program Service Revenue	е							
-	f				405 660			
	g				495,662.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	(7	(.,)				
	h	Less: cost or other basis						
		and sales expenses						
	_	Gain or (loss)						
		. ,		<b>&gt;</b>				
		Net gain or (loss)		······				
ine	в а	Gross income from fundraising						
Ven		including \$	of					
Other Reven		contributions reported on line	· ·					
ĕ			a					
₹		Less: direct expenses						
		Net income or (loss) from fund		<b>_</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<u></u>				
	10 a	Gross sales of inventory, less		82,206.				
		and allowances						
	b	Less: cost of goods sold	b	38,294.				
	c	Net income or (loss) from sale	s of inventory	<b>&gt;</b>	43,912.	43,912.		
		Miscellaneous Revenu	e	Business Code				
	11 a	UNREALIZED GAIN	IS .	900099	23,107.	23,107.		
	b	INVESTMENT INCO	ME	900099	11,357.	11,357.		
	С	GAIN ON SALE OF	ASSET	900099	175.	175.		
	d	All other revenue	_					
	e				34,639.			
	12	Total revenue See instructions			1.464.427.	574.213.	0.	0.

Inc.

43-0996361 Page 10

## Form 990 (2017) Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F20 F20	400 705	FO F70	F2 254
7	Other salaries and wages	532,538.	420,705.	58,579.	53,254.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	26 574	10 000	2 201	E 31F
9	Other employee benefits	26,574. 44,775.	18,868. 31,790.	2,391.	5,315. 8,955.
10	Payroll taxes	44,//5•	31,/90.	4,030.	٥,۶۵۵.
11	Fees for services (non-employees):				
a	Management				
	Legal				
_	Accounting				
d	Lobbying Confidence Co				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	53,679.	42,943.	10,736.	
40	column (A) amount, list line 11g expenses on Sch 0.)	22,178.	22,178.	10,730.	
12	Advertising and promotion	45,350.	37,186.	4,082.	4,082.
13 14	Office expenses Information technology	43,3300	37,100.	1,002.	1,002,
15					
16	Royalties Occupancy	1,402.		1,402.	
17	Travel	29,622.	29,622.		
18	Payments of travel or entertainment expenses	23,0220	23,0221		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,609.	29,609.		
23	Insurance	40,568.	33,266.	3,651.	3,651.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	IN-KIND EXPENSES	197,455.	197,455.		
b	PROGRAM EXPENSE	78,721.	78,721.		
c	REPAIR AND MAINTENANCE	64,019.	51,215.	12,804.	
d	ANIMAL FOOD	36,686.	36,686.		
-	All other expenses	116,967.	67,028.	33,936.	16,003.
25	Total functional expenses. Add lines 1 through 24e	1,320,143.	1,097,272.	131,611.	91,260.
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
73201	) 11-28-17				Form <b>990</b> (2017)

Form 990 (2017)

43-0996361 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (B) Beginning of year End of year 607,829. 721,813. Cash - non-interest-bearing 1 306,991. 338,658. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3,542. 1,075. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 12,230. 16,813. 8 Inventories for sale or use 800. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 501,693. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 225,424. 249,370. b Less: accumulated depreciation 10b 252,323. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,156,816. 1,330,682. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 75,886. 17 105,468. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 75,886. 105,468. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 811,412. 956,230. 27 Unrestricted net assets 27 269,518. 268,984. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,330,682. Form **990** (2017)

1,225,214.

31

32

33

1,080,930.

1,156,816.

32

33

WILD CANID SURVIVAL AND RESEARCH CENTER 43-0996361 Form 990 (2017) Inc. Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,464,427. Total revenue (must equal Part VIII, column (A), line 12) 1 1 1,320,143. Total expenses (must equal Part IX, column (A), line 25) 2 2 144,284. 3 3 Revenue less expenses. Subtract line 2 from line 1 1,080,930. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 ..... 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 1,225,214. 10 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

1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	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?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2017

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 **2017** 

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 or 990-EZ).) 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 in 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. 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))

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Schedule A (Form 990 or 990-EZ) 2017 Inc. 43-09963

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I	or if the organizati			
Se	ction A. Public Support		-				
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			, ,	1 '		
	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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruc	tions)			12	
13	First five years. If the Form 990 is for	r the organization	i's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Po	ercentage				
	Public support percentage for 2017 (					14	%
	Public support percentage from 2016					15	%
16a	a 33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			▶□
k	o 33 1/3% support test - 2016. If the o	•		•		•	this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	a 10% -facts-and-circumstances tes	<b>t - 2017.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly supporte	ed organization		▶□
k	10% -facts-and-circumstances tes	t - 2016. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15	is 10% or
	more, and if the organization meets the	ne "facts-and-circ	umstances" test, o	check this box and	d <b>stop here.</b> Explai	n in Part VI how t	he
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a nuh	licly supported are	anization	

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 or 990-EZ) 2017

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

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

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	640,075.	773,047.	844,441.	921,209.	1,064,879.	4,243,651.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	195,160.	239,977.	225,586.	356,109.	403,206.	1,420,038.
•	organization's tax-exempt purpose	173,100.	233,311.	223,300.	330,103.	403,200.	1,420,030.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	835,235.	1,013,024.	1,070,027.	1,277,318.	1,468,085.	5,663,689.
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  Add lines 7a and 7b						0.
							5,663,689.
Se	Public support. (Subtract line 7c from line 6.)						3,003,003.
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2013 835, 235.	1,013,024.	1,070,027.	1,277,318.	1,468,085.	5,663,689.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,753.	11,404.	9,377.	8,782.	11,358.	53,674.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	12,753.	11,404.	9,377.	8,782.	11,358.	53,674.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			,,,,,,,	.,		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	847,988.	1,024,428.	1,079,404.	1,286,100.	1,479,443.	5,717,363.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.06 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	99.18 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.94 %
18	Investment income percentage from 2	<b>2016</b> Schedule A, I	Part III, line 17			18	.82 %
	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
198							
	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the	nd <b>stop here.</b> The					<b>∑</b>
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	3b		
	0.0		
	3с		
	50		
	4a		
	40		
	4.		
	4b		
	4c		
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	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	401		
	10b	\	
m 9	90 or 99	JU-EZ	2017

Pa	Supporting Organizations (continued)			.go o
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		· ·	<u>.                                    </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

# WILD CANID SURVIVAL AND RESEARCH CENTER

Schedule A (Form 990 or 990-EZ) 2017 Inc.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 1-1/2% 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 .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 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-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Section D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6			
2	2 Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
<b>b</b> From 2013				
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

### WILD CANID SURVIVAL AND RESEARCH CENTER

43-0996361 Page 8 Schedule A (Form 990 or 990-EZ) 2017 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 C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 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.)

## **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

Par			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.  (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
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 adv	rised 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?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n 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		2b
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	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easements during the year
_	<b>&gt;</b> \$		6 1/ 1/ 7-1/0
8	Does each conservation easement reported on line 2(d) abov	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
Dar	conservation easements.  † III   Organizations Maintaining Collections of	f Art Historical Treasures or	Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form	-	Other Ohillian Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh		·
	the text of the footnote to its financial statements that describ	, ,	rance of public service, provide, in Fart Alli,
b	If the organization elected, as permitted under SFAS 116 (AS		ant and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in furtherance of p	dublic service, provide the following amounts
	relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 1:		nai gairi, provide
а	Revenue included on Form 990, Part VIII, line 1	· ·	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	, locate moradou in ricinti dod, ricinti A		× ×

	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	er Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following tha	t are a si	gnificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exer	mpt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds. Complete i									
	<u>'</u>	(a) Current year		rior year	(c) Two year		(d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	, ,	, ,	<u> </u>	,,,,		. ,		. , ,	
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	a. column (a	a)) held as:	<u> </u>				
a	Board designated or quasi-endowment		%	9, 00.0	۵,, ۱۱۵۱۵ ۵۵۱					
b	Permanent endowment	%	_^~							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for th	ne organiza	tion		
	by:	occion or the organiza					ga		Г	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								<del></del>	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?	)				3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	L
<u> </u>	t VI Land, Buildings, and Equipm		WITIOTIC	iariao.						
	Complete if the organization answere		). Part I\	/. line 11a. 9	See Form 990	). Part X.	line 10.			
	Description of property	(a) Cost or o			t or other		cumulated		(d) Book	value
	becompact of property	basis (investr			(other)		preciation		(a) Book	valuo
12	Land	`	-1		, ,					
	Buildings			14	7,239.		19,63	2.	127	,607.
	Leasehold improvements				2,792.		98,42			,366.
d	Equipment				2,564.	1	131,31			,252.
	Other				9,098.	_	,	$\dashv$		,098.
	Add lines 1a through 1e (Column (d) must e		X colur							,323.

Schedule D (Form 990) 2017

			D SURVIVAL A	ND RESEARCH C		
	(Form 990) 2017	Inc.			4	3-0996361 Page <b>3</b>
Part VII						
				/, line 11b. See Form 990		
	otion of security or catego			(c) Method of v	/aluation: Cost or e	nd-of-year market value
	al derivatives					
	-held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(h) manual Farma 000	Dowl V and (D) line 10.)				
	b) must equal Form 990,					
Part VIII	Investments - P	-		/ II	D 177 II 10	
	(a) Description of in		es" on Form 990, Part IV  (b) Book value	/, line 11c. See Form 990,		nd-of-year market value
	(a) Description of in	ivestillerit	(b) Book value	(C) Method of V	Aduation. Cost of el	nu-or-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
	b) must equal Form 990, l	Part X col (R) line 13 )				
Part IX		Tarra, con (b) iiilo 10.)				
1 0.11 0.11	ļ	nization answered "Y	es" on Form 990 Part I\	/, line 11d. See Form 990	Part X line 15	
	Complete il tile organ		(a) Description	,, 174. 3331 3111 333	, r are 70, mrs 10.	(b) Book value
(1)						',
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Fori	m 990, Part X, col. (B)	) line 15.)		<b>&gt;</b>	•
Part X	Other Liabilities	<b>.</b>				
	Complete if the organ	nization answered "Y	es" on Form 990, Part I\	/, line 11e or 11f. See For	m 990, Part X, line 2	25.
1.	(a) Des	cription of liability		(b) Book value		
(1) Fed	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	1 Total revenue, gains, and other support per audited financial statements 1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		38,294.			
е	Add lines 2a through 2d			2e	38,294	
3	Subtract line 2e from line 1			3	1,464,427	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,464,427	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,358,437	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	38,294.			
е	Add lines 2a through 2d			2e	38,294	
3	Subtract line 2e from line 1			3	1,320,143	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b			_	
С	Add lines 4a and 4b			4c	0	
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,320,143	
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			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 addit	tional ir	formation.			

# 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,

2012, no amounts have been recognized for uncertain tax positions. The

Center's tax returns filed prior to fiscal 2014 are closed.

## WILD CANID SURVIVAL AND RESEARCH CENTER

43-099<u>6361 Page 5</u> Schedule D (Form 990) 2017 Inc. Part XIII | Supplemental Information (continued) COST OF MERCHANDISE SOLD Part XII, Line 2d - Other Adjustments: COST OF MERCHANDISE SOLD Schedule D, page 4, Part XI, Lines 2d and 4b Cost of Sales

### **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.

Inc.

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

WILD CANID SURVIVAL AND RESEARCH CENTER

**Employer identification number** 43-0996361

Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... 4 Clothing and household goods 5 6 Cars and other vehicles ..... Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts ..... 24 197,455.FMV <u> 391</u> (FOOD, SUPPLIE) 25 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

# WILD CANID SURVIVAL AND RESEARCH CENTER

Schedule M	l (Form 990) 2017	Inc.	43-0996361	Page 2
Part II	Supplemental is reporting in Part	<b>Information.</b> Provide the information required by Part I, lines 30b, 32b, and I, column (b), the number of contributions, the number of items received, or a conditional information.	33, and whether the organiz ombination of both. Also con	ation
-				

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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 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

Employer identification number 43-0996361

Form 990, Part I, Line 1, Description of Organization Mission:
preservation of the wolf and other endangered canids through education,
research and captive breeding.
Form 990, Part VI, Section B, line 11b:
The board of directors is provided with an electronic copy of the form 990
prior to its submission. The Form 990 is prepared by a CPA.
Form 990, Part VI, Section C, Line 19:
The Organization's governing documents, conflict of interest policy and
financial statements are available upon written request from the Endangered
Wolf Center Offices.