	0		Poturn	of Organization Exe	omot Er	om Inco	mo Tay	,	OMB No. 1545-0047				
Form	99	90	Return	of Organization Exe	emptro				2021				
			Under section 501(c),	527, or 4947(a)(1) of the Interna	al Revenue C	ode (except	private foun	dations)					
Depart	ment of	the Treasury		ter social security numbers on									
		ue Service		www.irs.gov/Form990 for instru	uctions and t				Inspection				
_			ar year, or tax year begir		nding	1	, 20						
		applicable:		LD SPIRIT WOLF SANCTU	D Emp	Employer identification number 85-0424026							
_	ddress	-	Doing business as										
_	ame ch	-	,	.O. box if mail is not delivered to street addr	E Telep	E Telephone number							
	itial retu		HC 61 BOX 28					· .					
8		urn/terminated		vince, country, and ZIP or foreign postal co	de				ss receipts				
8	mendec		Ramah, NM 8732 F Name and address of pr		\$	517,007							
	ppiicatic	on pending	F Name and address of pr	incipal oncer:					tes included? Yes No				
. т	22-0200	npt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527				ist. See instructions				
	/ebsite:		.WILDSPIRITWOLFS		521		H(c) Group						
-		_		sociation Other ►	L Year	r of formation:			gal domicile: <b>NM</b>				
Par	_	Summar			<b>_</b> 100								
	1		•	ion or most significant activities:	PROVIDE	E PERMANE	NT LIFET	IME SA	NCTUARY FOR				
		,	0	DOGS, AND OTHER SELF									
e		<u>om 1172</u>											
nan													
Governance	2	Check this bo	ox ► □ if the organization	n discontinued its operations or di	sposed of mo	ore than 25%	of its net asse	ets.					
ĝ	3			•	•••••			1	4				
	4					4							
ties	5		al number of individuals employed in calendar year 2021 (Part VI, line 2a)       5										
Activities &	6		r of volunteers (estimate if						<u>16</u> 32				
Ac			· ·	Part VIII, column (C), line 12					0				
				e from Form 990-T, Part I, line 11					0				
							Prior Year		Current Year				
	8	Contributions	and grants (Part VIII, line	1h)		[		3,246	500,784				
Ð	9		<b>-</b>	e 2g)		_		4,707	16,130				
nuə	10	-		A), lines 3, 4, and 7d)				122					
Revenue	11		ie (Part VIII, column (A), lii		5,044								
	12		,	(must equal Part VIII, column (A),				3,119	517,007				
	13			IX, column (A), lines 1-3)				0,110	0				
	14			X, column (A), line 4)					0				
	15			e benefits (Part IX, column (A), lin			25	2,329	208,076				
es		-		column (A), line 11e)	,			_,,	0				
Expenses			0 (	lumn (D), line 25) 🕨									
Хр	17			nes 11a-11d, 11f-24e)			36	8,919	311,874				
-	18	•	( , , , , , , , , , , , , , , , , , , ,	tequal Part IX, column (A), line 25				1,248	519,950				
	19			18 from line 12				8,129					
۲.»				· · · · · · ·			Beginning of Cur	-	End of Year				
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					3,172	1,061,175				
Asse I Bal	21		,					6,865					
Net -	22		( )	line 21 from line 20				6,307	843,364				
Par	't II	Signatu	re Block			I			<u> </u>				
		ies of perjury, I dec	clare that I have examined this retu	Irn, including accompanying schedules and			knowledge and be	elief, it is					
true, o	correct,	and complete. Dec	claration of preparer (other than of	ficer) is based on all information of which pr	eparer has any kr	nowledge.							
		BRIT	TANY MCDONALD										
Sigr	า		e of officer					Da	ate				
Here	e	BRIT	TANY MCDONALD, EX	ECUTIVE DIRECTOR									
			print name and title										
		Print/Type pre	parer's name	Preparer's signature	Date	9	Check	if	PTIN				
Paic	ł	David G	reen	David Green	04-	28-2023		nployed	xxxxxxxx				
	bare		► Green &	Firm's EIN									
-	Onl						Phone no.						

	Longmont CO 80502	720-839-6458	
May the IRS	discuss this return with the preparer shown above? See instructions		

Form	990 (2021) WILD SPIRIT WOLF SANCTUARY INC	85-0424026	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission: PROVIDE PERMANENT LIFETIME SANCTUARY FOR CAPTIVE-BRED WOLVES, WOLF DOGS, AND	OTHER SELEC	ነጥ
	ANIMALS.	OTHER SELEC	,1
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	🗌 Yes	x No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by	
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	-	
4a	(Code: ) (Expenses \$ 427,088 including grants of \$ ) (Revenue	\$	)
iu	PROVIDE PERMANENT LIFETIME SANCTUARY FOR CAPTIVE-BRED WOLVES, WOLF DOGS AND	-	ANIMALS
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses  427,088	Earr	n <b>990</b> (2021)
EEA		FOI	11 <b>330</b> (2021)

For	m 990 (2021) WILD SPIRIT WOLF SANCTUARY INC 85-04240	26	F	age 3
Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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			
7		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ć	complete Schedule D, Part VI	11a	x	
ŀ	<ul> <li>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more</li> </ul>	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			~
Ľ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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		x
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li></ul>	11e	x	~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		~	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D. Parts XI and XII	12a	x	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b				
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
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		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2021)

Form		5-04240	26	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
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	• • • • •	25a		х
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?		051		
~~	If "Yes," complete Schedule L, Part I	• • • • •	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		-		
0 <del>7</del>	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	••••	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		27		v
20	persons? If "Yes," complete Schedule L, Part III		21		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
2	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
а	"Yes," complete Schedule L, Part IV.		28a	v	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		20a 28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	••••	200	х	
С	"Yes," complete Schedule L, Part IV		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		29		x x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	· · · · ·	23		~
50	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,"	••••	01		<u></u>
-	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	. <u>.</u>			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		

Form	990 (2021) WILD SPIRIT WOLF SANCTUARY INC 85-04	2402	26	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	16			
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.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	F	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ē			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
ũ	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	H	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•••	10		
U	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	• •	10		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?	F	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	F	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
Ũ	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	F	9b		
10	Section 501(c)(7) organizations. Enter:	• •	50		
а	Initiation fees and capital contributions included on Part VIII, line 12				
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
a b	Gross income from other sources (Do not net amounts due or paid to other sources				
D	against amounts due or received from them.)				
122		-	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	• •	IZa		
b 12					
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?	•••	138		
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	F	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	••+	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	•••	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	•••	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	••	17		
	If "Yes," complete Form 6069.				

		-04240	26	Р	age 6
Pa	<b>Int VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in				
	Check if Schedule O contains a response or note to any line in this Part VI				. x
See	ction A. Governing Body and Management				
		ſ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4			
	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 in line 1a, above, who are independent	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•		
2	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		_		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	t	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	t t	4 5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	T	6		x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		0		x
74	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,		74		
Ň	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	x	
b	Each committee with authority to act on behalf of the governing body?	ł	8b	x	
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 Q		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		х
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	х	
b	Describe in 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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	ł	12c	х	
13	Did the organization have a written whistleblower policy?	1	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?		45-		
a ⊾	The organization's CEO, Executive Director, or top management official	1	15a		x
b	Other officers or key employees of the organization	••••	15b		x
160	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		Toa		
Ň	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				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.				
	Own website X 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,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	LEYTON COUGAR (505)775-3304, HC61 BOX 28, Ramah, NM 87321				

Form 990 (202	21) WILD SPIRIT WOLF SANCTUARY INC	85-0424026	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin the	
organization's	tax year.		
	f the experimentary and a second and the store tructure (whether individuals or experimentary) reservations	of amount of	

• 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, 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 instructions for the order in which to list the persons above.

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

	icu organizai		прсі	1301	cu a	ny cun	CIII			
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	Ins	q	Ke	en	Fo	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	yer	ghes	Former	1099-NEC)	1099-NEC	related organizations
	related organizations	ctor	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ă				
(1) TOM MCCAFFREY	1.00									
BOARD MEMBER		х						0	0	0
(2) CHRISTINE CRAWFORD	1.00									
TREASURER				х				0	0	0
(3) THOMAS REISS	1.00									
BOARD SECRETARY				х				0	0	0
(4) BRITTANY_MCDONALD	40.00									
EXECUTIVE DIRECTOR					x			0	0	0
(5)										
(6)										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										
										Farm 000 (0004)

Part VII	Section A. Officers, Directors, Trustee	es, κey ⊨mp	loyees	s, and	d Hig	nest C	omp	ensated Employe	es (continue	d)		
	(A) Name and title	unless er and	perso a direc	than on is both or/truste	an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/		(F) Estimated an of othe compensa from the organization			
			Individual trustee or director	Institutional trustee	xer	employee Key employee	ner hest compensated	1099-NEC)	1099-NEC)		related org	anizatio
15)												
16)												
17)												
18)												
19)												
20)												
21)												
22)												
23)												
24)												
25)												
1b Subto	otal		•••				• •					
	(add lines 1b and 1c)						•	0		0		
	number of individuals (including but not limit table compensation from the organization		isted al	bove)	who	receiv	ed m	ore than \$100,000	of			
						hinh a					Ye	es N
	ne organization list any <b>former</b> officer, direc byee on line 1a? <i>If "Yes," complete Schedu</i>					•		•			3	x
	ny individual listed on line 1a, is the sum of re ization and related organizations greater th	•	•				•					
indivi	dual				•••		•••				4	x
	rvices rendered to the organization? If "Yes			-			-				5	x
	Independent Contractors											
	lete this table for your five highest compensa											
comp	ensation from the organization. Report comp	ensation for 1	the cal	endai	· year	ending	g with	or within the orgar (B)	nization's tax	year.	(C)	
	(A) Name and business addres	S						Description of servic	es	Co	ompensation	۱
							+					
							-					

received more than \$100,000 of compensation from the organization

Form 9	<u>`</u>	,			SA	NCTUARY INC			85-04240	26 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in this	A Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns .			1a	_				sections 512–514
ints nts	b	Membership dues			1b					
	c	Fundraising events			10					
Gra	d			1d						
ifts, r Ar	e	Government grants (contr			1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif								
i sii		and similar amounts not in	ncluc	led above	1f	500,784				
the	g	Noncash contributions inc	clude	d in						
d fr		lines 1a-1f			1g	\$				
a C	h	Total. Add lines 1a-1f					500,784			
						Business Code				
a)	2a	ADMISSIONS				900099	16,130	16,130		
, ci	b									
Ser	C									
am teve	d									
Program Service Revenue	e									
ē.		All other program service								
		Total. Add lines 2a-2f .					16,130			
	3	Investment income (includi other similar amounts) .					93			93
	4	Income from investment of				-	93			93
	5	Royalties			•	F				
	ľ			(i) Real		(ii) Personal				
	6a	Gross rents	6a	(1) 11041						
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	) .			· · · · · · •				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
Ine		and sales expenses								
ver		Gain or (loss)								
Other Revenue		Net gain or (loss)			• • •	· · · · · · •				
the	88	Gross income from fundra	-							
0		events (not including \$								
		of contributions reported of 1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses .			8b					
		Net income or (loss) from								
		Gross income from gaming		<b>J</b>						
		activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	с	Net income or (loss) from	gami	ng activities		· · · · · · •				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .	••		10a	t				
	b	Less: cost of goods sold	•••		10b					
	C	Net income or (loss) from	sales	of inventory	′	· · · · · · •				
						Business Code				
Miscellanous Revenue	11a									
anc	b									
Seve	C									
Mis		All other revenue								
		Total. Add lines 11a-11d Total revenue. See instru					517,007	16,130	0	93
	14						JT1,001	1 10,130	U	3.5

## 021) WILD SPIRIT WOLF SANCTUARY INC

Part IX Statement of Functional Expenses

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Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	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)				
7	Other salaries and wages	183,598	132,191	42,228	9,179
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,478	17,624	5,630	1,224
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b					
с					
d					
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	10.001			
40	(A) amount, list line 11g expenses on Schedule O.)	10,021	10 546	10,021	
12	Advertising and promotion	10,546	10,546	C (00)	1 455
13		14,115	5,966	6,692	1,457
14	Information technology				
15		(2, 220	FF 591	C 208	1 200
16 17		63,238	55,571	6,298	1,369
18	Payments of travel or entertainment expenses	1,629	1,173	375	81
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,464	32,464		
23		17,054	12,279	3,922	853
24	Other expenses. Itemize expenses not covered		,_,	.,,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SANCTUARY	20,465	20,465		
b	LAND TAXES	11,772	8,476	2,708	588
С	ANIMAL CARE SUPPLIES	63,500	63,500		
d	VEHICLE EXPENSE	28,503	28,503		
е	All other expenses	38,567	38,330		237
25	Total functional expenses. Add lines 1 through 24e	519,950	427,088	77,874	14,988
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				
	following SOP 98-2 (ASC 958-720)				

			(A)		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	5	520,613	2	498,872
	2	Savings and temporary cash investments		2	
	3 4	Accounts receivable, net	1 262	4	
	4 5		1,262	4	
	Э	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	controlled entity or family member of any of these persons		5	
	0			6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
its	7	Notes and loans receivable, net	10.022		10.022
Assets	8	Inventories for sale or use	12,933	8 9	12,933
A	9	Prepaid expenses and deferred charges	2,441	9	4,864
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,127,755		40-	500 FFC
	b	Less: accumulated depreciation	550,973	10c	539,556
	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	4 050	14	4 050
	15	Other assets. See Part IV, line 11	4,950	15	4,950
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,093,172	16	1,061,175
	17	Accounts payable and accrued expenses	6,367	17	15,497
	18			18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	~~	controlled entity or family member of any of these persons	127,547	22	121,547
	23	Secured mortgages and notes payable to unrelated third parties	98,055	23	72,915
	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		05	
	00		14,896	25	7,852
	26	Total liabilities. Add lines 17 through 25	246,865	26	217,811
		,			
es	27	and complete lines 27, 28, 32, and 33.		27	
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.		20	
s ol	29 20	Capital stock or trust principal, or current funds		29	
set	30 24	Paid-in or capital surplus, or land, building, or equipment fund		30	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
t As	31 22	Retained earnings, endowment, accumulated income, or other funds	846,307	31	843,364
Net	32	Total net assets or fund balances	846,307	32	843,364
	33	Total liabilities and net assets/fund balances	1,093,172	33	<b>1,061,175</b> Form <b>990</b> (2021)

Form 990 (2021)

**Balance Sheet** 

Part X

WILD SPIRIT WOLF SANCTUARY INC

85-0424026

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Form	990 (2021) WILD SPIRIT WOLF SANCTUARY INC	85-042402	6	P	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		517	,007
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		519	,950
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(2)	,943)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		846	,307
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		843,	,364
Par	rt 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: X Cash Cash 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?		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	x	
	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		
	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?		3a		x
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 on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (	2021)

SCHEDULE	Α
(Form 990)	

## **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.

Department of the Treasury Internal Revenue Service

le trust.

2021
Open to Public
Inspection
er identification number

OMB No. 1545-0047

Interna	ternal Revenue Service <b>6</b> Go to www.irs.gov/Form990 for instructions and the latest information. <b>Inspection</b>								
Name of the organization Employer identification number						n number			
WILI	) S	PIRIT WOLF	SANCTUARY IN	ſĊ				85-042402	6
Par	τI	Reason	for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instructi	ons.
The c	rgai	nization is not a	private foundation b	ecause it is: (For lin	nes 1 through 12, check o	only one bo	ox.)		
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	)).)			
3	Π	A hospital or a	cooperative hospita	l service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	Π	A medical rese	earch organization o	perated in conjunct	tion with a hospital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the	
			e, city, and state:						
5	П	•		enefit of a college o	r university owned or ope	erated by a	a aovernme	ental unit described in	
		-	)(1)(A)(iv). (Comple	-		,,,,,,,,	0		
6		•		,	l unit described in sectio	on 170(b)( <sup>-</sup>	1)(A)(v).		
7	П				art of its support from a g			rom the general public	
-			ection 170(b)(1)(A)						
8					(vi). (Complete Part II.)				
9	Н	-			ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant col	leae
Ū		-	-		(see instructions). Enter		-	-	1090
		university:	r a non land grant oo	liege of agriculture		uno namo,	ony, and of		
10	x		n that normally recei	ves: (1) more than	33 1/3% of its support fro	om contribu	itions men	mbershin fees and arou	20
10					subject to certain except				55
					business taxable income			) from businesses	
11			•		e <b>section 509(a)(2).</b> (Co o test for public safety. S	•		n.	
12	Н	•	•	-	r the benefit of, to perform				soc of
12		•	•		ed in section 509(a)(1)			• • •	
				-	e of supporting organiza				J. CHECK
_		_							
а					rvised, or controlled by i		-		ving
			• • • • •		rly appoint or elect a maj	•	allectors	or trustees of the	
		•	-	-	rt IV, Sections A and B			nanination(a) hu havin	
b				•	controlled in connection		••		0
			•		tion vested in the same p	persons that	at control o	r manage the supporte	D
			on(s). You must con	•					
С					ganization operated in c				with,
			• • • •	,	ou must complete Part				
d			-	•	ng organization operated				. ,
				-	n generally must satisfy a			ent and an attentivenes	S
		_ '	,	•	ete Part IV, Sections A				
е			-		en determination from the			I, Type II, Type III	
	_			-	integrated supporting or	ganization	1.		
f	_		r of supported organ		•••••		• • • • •		•••
g			wing information abo		0 ()				
	(i) N	ame of supported or	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
						Yes	No		
(A)									
• •									
(B)									
(-)									
(C)									
(-)									
(D)									
(5)									
(E)									
(-)							1		

Total

	e A (Form 990) 2021 WILD SPIRIT					85-0424026	
Part							
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qual	ify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(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						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support		1	1			
-	dar year (or fiscal year beginning in) ►	(a) 2017	(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						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or						)(3)
	organization, check this box and <b>stop her</b>						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	-		11. column (f))		14	%
15	Public support percentage from 2020 Sch		-			15	%
16a	33 1/3% support test - 2021. If the organ					-	
	box and <b>stop here.</b> The organization qual						
b	33 1/3% support test - 2020. If the organ		• • • •	•			
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202	-		-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		_
b	10%-facts-and-circumstances test - 202						
D D	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		·
18	Private foundation. If the organization di						
10	instructions						
							· · · · · <u>·</u>

Schedu	le A (Form 990) 2021 WILD SPIRIT	WOLF SANC	TUARY INC			85-042402	6 Page <b>3</b>	
Part	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked th					to qualify une	der Part II.	
	If the organization fails to qualify			•				
Secti	on A. Public Support			,		,		
	dar 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	(.,	(,	(0) = 0 = 0	(,	(0) = 0 = 0	(1) 1 0 10	
	received. (Do not include any "unusual grants.") .	365,326	450,352	492,498	443,246	499,741	2,251,163	
2	Gross receipts from admissions, merchandise	,						
	sold or services performed, or facilities							
	fumished in any activity that is related to the organization's tax-exempt purpose	149,829	127,933	112,578	17,697	16,130	424,167	
3	Gross receipts from activities that are not an							
-	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	515,155	578,285	605,076	460,943	515,871	2,675,330	
7a		-			•			
	received from disqualified persons .							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	78,172	21,502	212,505	244,304	26,000	582,483	
С	Add lines 7a and 7b	78,172	21,502	212,505	244,304	26,000	582,483	
8	Public support. (Subtract line 7c from							
	line 6.)						2,092,847	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	515,155	578,285	605,076	460,943	515,871	2,675,330	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources	55,100	56,490	35,571	2,957	93	150,211	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	55,100	56,490	35,571	2,957	93	150,211	
11	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.)	1,796	2,195			1,043	5,034	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	572,051	636,970	640,647	463,900	517,007	2,830,575	
14	First 5 years. If the Form 990 is for the or	•			•		··· ·	
0	organization, check this box and <b>stop her</b>						▶ []	
	on C. Computation of Public Suppor	-						
15	Public support percentage for 2021 (line 8		•			15	73.94 %	
<u>16</u>	Public support percentage from 2020 Sch					16	62.53 %	
	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for <b>2021</b> (I			-		17	5.00 %	
40	investment income percentage from 2020	Scheaule A, F	rart III, line 17			18	66.00 %	
18 10a								
18 19a	33 1/3% support tests - 2021. If the orga							
	· •	ox and <b>stop he</b>	ere. The organ	ization qualifie	s as a publicly	supported org	anization► x	

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#### WILD SPIRIT WOLF SANCTUARY 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 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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.)

t I, complete					
e Part V.)					
	Yes	No			
1					
2					
3a					
3b					
3c					
4a					
4b					
4c					
5a					
5b					
5c					
6					
-					
7					
8					
9a					
9b					
0.0					
9c					
10-					
10a					
10b					

Schedu	le A (Form 990) 2021 WILD SPIRIT WOLF SANCTUARY INC 8	35-0424026	P	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines	11b and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11a	С,		
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		

- 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. 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.

### Section C. Type II Supporting Organizations

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).

## 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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section 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 year (see instructions).
- **a** 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- 2 Activities Test. Answer lines 2a and 2b below.
- 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 that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2a

2b

3a

3b

1

2

1

Yes No

No

	W Turne III New Functionally Integrated E00(a)(2) Supporting Or		85-042	4026 Page
Part 1	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI) See
•	instructions. All other Type III non-functionally integrated supporting organ			,
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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 <b>Part VI</b> ):			
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		
Secti	on 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		
-	Charle have if the evenent year is the experimetion's first as a new functions	11.	ta avata di Tura a III aurona av	ting any an ingtion

WILD SPIRIT WOLF SANCTUARY INC

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	e A (Form 990) 2021 WILD SPIRIT WOLF SANCTUAR		85-042	4026 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		. 7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	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			
i	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, <i>explain in Part VI</i> . 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	<b>Excess distributions carryover to 2022</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
a b	Evenes from 2019			
C	Evenes from 2010			
d	Excess from 2020			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2021

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Part VI	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, 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 of Contributors

OMB No. 1545-0047

Schedule	В
(Form 990)	

### Attach to Form 990 or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.

2021

Employer identification number 85-0424026

Department of the Treasury Internal Revenue Service

Name of the organization

WILD	SPIRIT	WOLF	SANCTUARY	INC

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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