

June 14, 2021

Shy Wolf Sanctuary, Education and Experience Center, Inc. 1161 27th Street SW Naples, FL 34117 Attention: Deanna Deppen

Dear Deanna:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

**Brian Carter** 

#### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2020

Pre	pa	red	Fc	r:
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Shy Wolf Sanctuary, Education and Experience Center, Inc. 1161 27th Street SW Naples, FL 34117

#### Prepared By:

Mauldin & Jenkins, LLC 1401 Manatee Ave. W., Ste. 1200 Bradenton, FL 34205

#### **Amount Due or Refund:**

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### **Return Must be Mailed On or Before:**

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021

#### IRS e-file Signature Authorization for an Exempt Organization

. 2020, and ending	. 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

SHY WOLF SANCTUARY, EDUCATION

AND EXPERIENCE CENTER, INC.

Taxpayer identification number

59-3691867

Name and title of officer or person subject to tax

SHANE BILTZ TREASURER

Part I	Type of Return and Return Information	(Whole Dollars Only
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For calendar year 2020, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► X b Total revenue, if any (Form 990, F	Part VIII, column (A), line 12)	1b <u>640</u>	,284.
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ)	90-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL	_, line 22)	3b	
4a Form 990-PF check here b Tax based on investment inc	come (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <b>b</b> Balance due (Form 8868, line	e 3c)	5b	
6a Form 990-T check here <b>b</b> Total tax (Form 990-T, Part III	, line 4)	6b	
7a Form 4720 check here b Total tax (Form 4720, Part III,	line 1)	7b	
Part II Declaration and Signature Authorization of Of	ficer or Person Subject to Tax		
Under penalties of perjury, I declare that X I am an officer of the above of	organization or I am a person subject f	to tax with respect to	
(name of organization)	(FIN)	and that I have exar	nined a co

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X Lauthoriza	MAIILDIN	ራ	JENKINS.	TıTıC

to enter my PIN

91867

ERO firm name

Enter five numbers, but

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

#### **Certification and Authentication** Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58030364045

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► MAULDIN & JENKINS, LLC

Date ▶ <u>06/14/21</u>

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2020)

#### EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Open to Public

OMB No. 1545-0047

<u> A I</u>	For the	2020 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization SHY WOLF SANCTUARY, EDUCATION		D Employer identifi	cation number
	Addres	AND EXPEDIENCE CENTED INC			
F	Name change	Doing business as		59-36918	67
Ē	Initial return Final		Room/suite	E Telephone numbe	r
	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	640,284.
	Amend			H(a) Is this a group re	
F	return Applica tion				? Yes X No
	tion pending	SAME AS C ABOVE		H(b) Are all subordinates in	
	Γον-ονο	mpt status: $\overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1)	or 527	1 ' '	list. See instructions
		SHYWOLFSANCTUARY.ORG	01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	1 Year		M State of legal domicile; FL
		Summary	Ε τοαι	01101111111111111111111111111111111111	VI Citato di logar dominino, = =
		Briefly describe the organization's mission or most significant activities: TO H	EAL HE	ARTS AND MI	NDS THROUGH
Governance	` i	RESCUE, SANCTUARY AND EDUCATION.			
nar	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ver	3 1			3	5
		Number of independent voting members of the governing body (Part VI, line 1b)			4
•ŏ თ	5	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			3
iţie	6	otal number of volunteers (estimate if necessary)			190
Activities &	7 a -	otal unrelated business revenue from Part VIII, column (C), line 12			0.
ď	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
40	8 (	Contributions and grants (Part VIII, line 1h)		596,355.	635,551.
nge	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11,056.	3,995.
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,976.	738.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		609,387.	640,284.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,986.	157,348.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	. b ⁻	otal fundraising expenses (Part IX, column (D), line 25)			
û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		364,450.	454,993.
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		486,436.	612,341.
		Revenue less expenses. Subtract line 18 from line 12		122,951.	27,943.
t Assets or	9		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,153,734.	1,222,292.
t As	21	otal liabilities (Part X, line 26)		962.	41,577.
Net		Net assets or fund balances. Subtract line 21 from line 20		1,152,772.	1,180,715.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig	- 1	•		Date	
Her	e	SHANE BILTZ, TREASURER Type or print name and title			
			Tr	Date Check	PTIN
Da!		Print/Type preparer's name  Preparer's signature  PRIAN CARMED		- (1 4 (01   if	<b>-</b> '
Paid	h	BRIAN CARTER BRIAN CARTER	<u> </u> U	6/14/21 "self-employ	
	·	Firm's name MAULDIN & JENKINS, LLC Firm's address 1401 MANATEE AVE. W., STE. 1200		Firm's EIN ▶	58-0692043
use	Only	Firm's address 1401 MANATEE AVE. W., STE. 1200 BRADENTON, FL 34205		Dhana na Q A	1-747-4483
N 4 -	, +ba !D			Priorie no. 54	
ivia	y tne IK	S discuss this return with the preparer shown above? See instructions			X Yes No

Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO HEAL HEARTS AND MINDS THROUGH RESCUE, SANCTUARY AND EDUCATION. 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. 525,059. including grants of \$ (Code: ) (Expenses \$ ) (Revenue \$ SWS MISSION IS TO HEAL HEARTS AND MINDS THROUGH RESCUE, SANCTUARY, EDUCATION. THIS IS DONE BY RESCUING CAPTIVE-BRED EXOTIC AND UN-RELEASABLE WILD ANIMALS WITH NOWHERE ELSE TO GO. THEIR STORIES ARE SHARED WITH PARTICIPANTS IN PARTNER ORGANIZATIONS TO PROMOTE HEALING WITH CHILDREN AND ADULTS WHO HAVE EXPERIENCED THEIR OWN TRAUMA. THE ORGANIZATION PROVIDES FOOD, SHELTER, REHABILITATION AND MEDICAL CARE FOR ALL OF THE ANIMALS AND ARRANGES FOR ADOPTIONS WHEN APPROPRIATE. THE ORGANIZATION HAS BEEN HOME TO HUNDREDS OF ANIMALS THROUGH THE YEARS AND IS CURRENTLY HOME TO 24 WOLF DOGS, 5 WOLVES, BOBCAT, 3 COYOTES, 2 PRAIRIE DOGS, 5 FOXES, 3 RACCOONS, 1 NEW GUINEA SINGING DOG, 6 DOMESTIC CATS AND 4 GOPHER TORTOISES. WE HAVE IN (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services (Describe on Schedule O.) including grants of \$ ) (Revenue \$ 525,059.

Total program service expenses

## Form 990 (2020) AND EXPERIEN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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 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			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		<sub>V</sub>
10	If "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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		1
b	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	145		
10	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

#### SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	•	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
<b>JZ</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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	- 55		<del></del>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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		

Form 990 (2020) AND EXPERIENCE CENTER, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Advanced in the Financi				
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		5b		X
	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				₩.
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۱.,		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover	70		Х
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e required	75		
·	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	l I			
а		11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l			
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	$\dashv$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
υ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	$\dashv$		
	Did the appropriation and the second of the fact that are the second of		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i>		14b		† <del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1.45		
	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		Х
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 **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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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 organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 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? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c X in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 Upon request X Another's website \_\_\_ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records SHANE BLITZ - 239-455-1698 1161 27TH STREET SW, NAPLES, 34117

### SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

59-3691867

Page 7

# Form 990 (2020) AND EXPERIENCE CENTER, INC. 59-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos heck	ition more	<b>າ</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week	$\vdash$	cer ar	ia a a	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	Suedi		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		yoldr	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEANNA DEPPEN	40.00	_	_			1				
EXECUTIVE DIRECTOR		Х		Х				74,550.	0.	7,164.
(2) BETH SWIDERSKI	5.00									
PRESIDENT		Х		X				0.	0.	13,024.
(3) KEN WILSON	2.00									
VICE PRESIDENT		Х		Х		$oxed{oxed}$		0.	0.	0.
(4) SHANE BILTZ	5.00	1						_		_
TREASURER		Х		Х		╙		0.	0.	0.
(5) MICHELE MURPHY-POLING	2.00			l						
SECRETARY		Х		Х		_		0.	0.	0.
		4								
		<u> </u>				├				
		┨								
				$\vdash$		⊢				
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						$\vdash$				
				$\vdash$	$\vdash$	$\vdash$	$\vdash$			
		1								
			_			_				
		-								

Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	١		Pos				Reportable	Reportable	Э	l Es	timate	ed
Traine and the	hours per					than o		compensation	compensation		l	nount	
	week					r/trus		from	from relate			other	
	(list any	ctor						the	organization		com	pensa	tion
	hours for	r dire				- G		organization	(W-2/1099-MI	SC)	fr	om th	е
	related	tee o	ıstee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee					an	d relat	ed
	below	vidua	tuţi	Je.	Key employee	lest o	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High	Former						
				_	_								
		4											
		4											
		-											
	-			_	_								
		-											
		-											
		-											
								74 550			_	0 1	20
1b Subtotal								74,550.		0.	2	0,1	
c Total from continuation sheets to Part \								0.		0.		0 4	0.
d Total (add lines 1b and 1c)								74,550.		0.	2	0,1	88.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportabl	е			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former office			-	-	-		_	•	•				
line 1a? If "Yes," complete Schedule J for	such individual										3		_X
4 For any individual listed on line 1a, is the								•	0				
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or st	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated inc	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation fo	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and busines	s address	N	INC	3			_	Description of s	ervices		compe	nsatio	n
							$\dashv$						
							$\rightarrow$						
							$\dashv$						
							$\dashv$			<u> </u>			
2 Total number of independent contractors		ot lir	nited	d to	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization -				(	j							

AND EXPERIENCE CENTER, INC. 59-3691867 Page **9** Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 635,551. 1f g Noncash contributions included in lines 1a-1f 635,551. h Total. Add lines 1a-1f **Business Code** 2 a \_\_\_\_\_ Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 3,995. 3,995 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ...... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 738. 738.

738.

640,284.

d All other revenue

e Total. Add lines 11a-11d

**12 Total revenue**. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 81,714. 65,371. 4,086. trustees, and key employees ..... 12,257. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 65,161. 65,059. 25. 77. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,473. 9,186. 322. 965. 10 Payroll taxes Fees for services (nonemployees): Management Legal 9,000. 9,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 42,472. 41,827. 645. column (A) amount, list line 11g expenses on Sch O.) 2,526.99,430. 75,487. 21,417. Advertising and promotion 12 27,017. 13,578. 11,954. 1,485. Office expenses 13 7,770. 7,770. Information technology 14 15 Royalties 13,218. 13,218. 16 Occupancy 7,726. 7,293. 433. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21  $12,\overline{443}$ . 12,443.Depreciation, depletion, and amortization ..... 22 20,019. 17,559. 615. 1,845. 23 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.) 77,427. 77,427. REPAIRS AND MAINTENANCE VET AND MEDICAL CARE 63,513. 63,513. 28,595. 28,595. FOOD AND FOOD SUPPLIES 22,535. 22,535. d ANIMAL CARE SUPPLIES 11,860. 23,828. 11.968. e All other expenses 612,341. 19,137. 525,059. 68,145. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Pai	IL A	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			503,033.	1	95,364.
	2	Savings and temporary cash investments				2	149,747.
	3	Pledges and grants receivable, net		3	166,667.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,201.	9	7,263.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	390,256.			
	b	Less: accumulated depreciation	. 10b	52,902.	325,297.	10c	337,354.
	11	Investments - publicly traded securities			317,203.	11	169,652.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	296,245.		
	16	Total assets. Add lines 1 through 15 (must e	1,153,734.	16	1,222,292.		
	17	Accounts payable and accrued expenses		962.	17	22,477.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the		22	40.400		
_	23	Secured mortgages and notes payable to unr				23	19,100.
	24	Unsecured notes and loans payable to unrela		24			
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D		·····	0.60	25	/1 F77
	26	Total liabilities. Add lines 17 through 25			962.	26	41,577.
Ś		Organizations that follow FASB ASC 958, c	heck here				
nce		and complete lines 27, 28, 32, and 33.	1,044,951.	07	1 100 715		
ala	27	Net assets without donor restrictions	107,821.	27	1,180,715.		
d B	28	Net assets with donor restrictions	107,021.	28	0.		
Ë		Organizations that do not follow FASB ASC					
P		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
\ss(	30	Paid-in or capital surplus, or land, building, or			30		
et ⊿	31	Retained earnings, endowment, accumulated			1,152,772.	31	1,180,715.
ž	32	Total net assets or fund balances		I	1,153,772.		
	33	Total liabilities and net assets/fund balances			T, TJJ, 1J4.	33	1,222,292.

Form **990** (2020)

Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64	0,2	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3		3			43.
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,15	<u> </u>	
-		5		<u> </u>	1 4 •
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses				
8	Prior period adjustments	8			0.
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,		1 10	0 7	1 =
Da	column (B)) rt XIII Financial Statements and Reporting	10	1,18	0,/	10.
га					77
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				7.7
2a			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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi				
	ar guidite, cyplain why an Cabadyla O and describe any stone taken to undergo such guidite		Ole		I

#### **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.

SHY WOLF SANCTUARY, EDUCATION

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

AND EXPERIENCE CENTER, 59-3691867 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.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 AND EXPERIENCE CENTER, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf	_						
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	_						
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<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 th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2020 (li			(,,		14		<u>%</u>
	Public support percentage from 2019					15		<u>%</u>
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	nore, check this box	c and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts				•	VI how the organiz	ation	
	meets the facts-and-circumstances te	•	•				<b>&gt;</b>	
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th				-		<u>.</u> 1	
	organization meets the facts-and-circu							$\square$
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b	o, check this box a	ınd see instructions	·	

#### 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.)

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	. ,	` '	,	,	,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	392,112.	438,631.	366,851.	596,355.	635,551.	2429500.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·	·	·	·	·	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	392,112.	438,631.	366,851.	596,355.	635,551.	2429500.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons				76,198.	40,898.	117,096.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b				76,198.	40,898.	117,096.
8	Public support. (Subtract line 7c from line 6.)						2312404.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	392,112.	438,631.	366,851.	596,355.	635,551.	2429500.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,371.	1,559.	2,971.	9,685.	3,995.	19,581.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	1,371.	1,559.	2,971.	9,685.	3,995.	19,581.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				2,000		
12	Other income. Do not include gain or loss from the sale of capital			5,245.	52.	738.	6,035.
13	assets (Explain in Part VI.)	393,483.	440,190.	375,067.	606,092.	640,284.	2455116.
	First 5 years. If the Form 990 is for the						
•		9				( ) ( )	 
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		15	94.19 %
	Public support percentage from 2019		•			16	98.98 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	<b>20</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.80 %
18	Investment income percentage from 2	<b>2019</b> Schedule A,	Part III, line 17			18	.77 %
19	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	ïes as a publicly su	upported organizat	tion	<b>X</b>
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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			_
	8		
	9a		
	9b		
	9с		
	10a		
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Par	t 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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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			
Ü	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	3		
Sec	supported organizations played in this regard. 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 year (see instructions).	i.		
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b			,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	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		

#### SHY WOLF SANCTUARY, EDUCATION

Schedule A (Form 990 or 990-EZ) 2020 AND EXPERIENCE CENTER, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•		
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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 AND EXPERIENCE CENTER, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org.

Par	τν lype	III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distrib	utions				Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations	in excess of income from activity			2	
3	Administrative	e expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid	to acquire exempt-use assets			4	
5	Qualified set-a	aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distribu	tions (describe in Part VI). See instructions.			6	
7	Total annual	distributions. Add lines 1 through 6.			7	
8	Distributions t	o attentive supported organizations to which th	ne organization is responsive			
	(provide detail	Is in Part VI). See instructions.			8	
9	Distributable a	amount for 2020 from Section C, line 6			9	
10	Line 8 amoun	t divided by line 9 amount			10	
Secti	on E - Distribi	ution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable a	amount for 2020 from Section C, line 6				
2	Underdistribu	tions, if any, for years prior to 2020 (reason-				
	able cause re	quired - explain in Part VI). See instructions.				
3	Excess distrib	outions carryover, if any, to 2020				
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines	3a through 3e				
g	Applied to un	derdistributions of prior years				
h	Applied to 202	20 distributable amount				
i	Carryover from	n 2015 not applied (see instructions)				
j	Remainder. S	ubtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions f	or 2020 from Section D,				
	line 7:	\$				
а	Applied to un	derdistributions of prior years				
b	Applied to 202	20 distributable amount				
С	Remainder. S	ubtract lines 4a and 4b from line 4.				
5	Remaining un	derdistributions for years prior to 2020, if				
	any. Subtract	lines 3g and 4a from line 2. For result greater				
	than zero, exp	plain in Part VI. See instructions.				
6	Remaining un	derdistributions for 2020. Subtract lines 3h				
	and 4b from li	ne 1. For result greater than zero, explain in				
	Part VI. See in	nstructions.				
7	Excess distri	butions carryover to 2021. Add lines 3j				
	and 4c.					
8	Breakdown of	iline 7:				
а	Excess from 2	2016				
b	Excess from 2	2017				
С	Excess from 2	2018				
d	Excess from 2	2019				
е	Excess from 2	2020				

Schedule A (Form 990 or 990-EZ) 2020

#### SHY WOLF SANCTUARY, EDUCATION

Schedule A (Form 990 or 990-EZ) 2020 AND EXPERIENCE CENTER, INC. 59-369<u>1867 Page 8</u> 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 A

# Payments from Disqualified Persons Included on Part III, Line 7a

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
EDWARD AND GALE MCBRIDE FOUNDATION	0.	0.	0.	0.	40,898.
LINDA BAKER	0.	0.	0.	76,198.	0.
Tabilla Osharla A					
Total to Schedule A, Part III, Line 7a				76,198.	40,898.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

**Employer identification number** 

59-3691867

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	X 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				
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	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 or 990-EZ), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD AND GALE MCBRIDE FOUNDATION  PO BOX 880  FORT MYERS, FL 33902	\$60,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FIDELITY CHARITY FUND  PO BOX 770001  CINCINATTI, OH 45277	\$9,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SANDRA AND RICHARD KEMPF  738 REGENCY RESERVE CIR. # 2602  NAPLES, FL 34119	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LECLERC CHARITY FUND  PO BOX 1258  BONITA SPRINGS, FL 34133	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CAROL B PHELON FOUNDATION C/O FINEMARK NAT'L BANK & TRUST 12681 CREEKSIDE LANE FORT MYERS, FL 33919	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CATHERINE C REILEY CHARITABLE FOUNDATION  919 IRIS CT  MARCO ISLAND, FL 34145	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION OF COLLIER COUNTY  1110 PINE RIDGE RD SUITE 200  NAPLES, FL 34108	\$5,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MANN-PALLER FOUNDATION  5404 FALMOUTH RD  BETHESDA, MD 20816	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARTIN FOUNDATION  3200 BAILEY LANE  NAPLES, FL 34105	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARY MILDRED ATCH TRUST  3230 BARBADOS LN  NAPLES, FL 34119	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NETWORK FOR GOOD  1140 CONNECTICUT AVE NW  WASHINGTON, DC 20036	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	STATE FARM MUTUAL AUTO INS. CO  47 PERIMETER CENTER E #130  ATLANTA, GA 30346	\$5,924.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	EVELYN WALDRON  1136 DORMIE DR  NAPLES, FL 34108	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization
SHY WOLF SANCTUARY, EDUCAT

Employer identification number

SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. 59-3691867 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

**Employer identification number** 59-3691867

Pa	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	oi Accounts. Complete i	ı ule
		(a) Donor advise	d funds	(b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose o	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land a	rea
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement or	the last
	day of the tax year.			Held at the End o	f 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	,			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax	
	year >				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the	e year
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	orcing conservat	ion easements during the year	r
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the	
Da	organization's accounting for conservation easements.	Aut Historical Tox		Oimilau A ta	
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Ot	ner Similar Assets.	
			nuo etetement e	ad halanaa ahaat waxka	
ıa	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for pub			•	
<b>L</b>	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurth	erance of public service,	
	provide the following amounts relating to these items:			•	
	(i) Revenue included on Form 990, Part VIII, line 1				
•	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical trea			gain, provide	
_	the following amounts required to be reported under FASB AS	-		•	
a	Revenue included on Form 990, Part VIII, line 1				

### SHY WOLF SANCTUARY, EDUCATION

Schedule D (Form 990) 2020

AND EXPERIENCE CENTER, INC.

59-3691867 Page **2** 

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi								`	,	
	collection items (check all that apply):										
а	Public exhibition	C	ı 🔲 ı	Loan or exc	hange progra	ım					
b	Scholarly research	e	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other ass	ets not i	ncluded		_		
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	ınt liabili	ty?	L	Yes	Ш	No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	if the organization ar	swered	"Yes" on Fo	orm 990, Part						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	$\rightarrow$	
	(ii) Related organizations								3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Do:	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere							.			
	Description of property	(a) Cost or o			or other	٠,	ccumulate	ed	(d) Book	: value	!
		basis (investr	nent)		(other)	aer	preciation		105	- 00	
_	Land				5,000.		22 1	0.1		5,00	
b	Buildings			24	2,319.		33,1	3 T •	∠05	,12	٥.
С	Leasehold improvements			2	0 145		6 0	10	2.5	200	
	Equipment	I			0,145.		6,9		43	3,22	0
	Other				2,792.		12,7	94.	225	7,35	0.
ıota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	()C)				221	୍, ୬୭	/ 🛨 🔹

Schedule D (Form 990) 2020

DILL	пош	D11110 1 C	, , ,	LD C CITT I C	٠.
AND	EXPER	RIENCE	CENTE	R, INC.	

Part VII Investments - Other Securities.	,		<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Tatal (Col. (b) must equal Form 000, Port V col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) DEPOSITS	•		296,245.
(2)			•
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			226 245
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	e 15.)	<u> </u>	296,245.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
<ol><li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li></ol>		-	

Schedule D (Form 990) 2020

Part XI | Reconciliation

AND EXPERIENCE CENTER, INC.

Pai	Complete if the organization answered "Ves" on Form 900 Part IV line		iue per Keturn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements		1	640,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			040,204.
		2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d				
e			2e	0.
3	Add lines 2a through 2d Subtract line 2e from line 1			640,284.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •		0 1 0 7 1 0 1 0
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			640,284.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	,
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	612,341.
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			
С				
d	/-			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			612,341.
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				
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			612,341.
Pai	rt XIII Supplemental Information.	,		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional information.		
PAF	RT X, LINE 2:			
THE	E ORGANIZATION IS A NOT-FOR-PROFIT ORGAN	IZATION EXEM	PT FROM FEDE	RAL
INC	COME TAX UNDER PROVISIONS OF INTERNAL RE	VENUE CODE S	ECTION 501(C	(3).
нои	VEVER, THE ORGANIZATION REMAINS SUBJECT	TO TNCOME TA	XES ON ANY N	тET
	variation institute bobbles	10 11(001111 1111		
INC	COME THAT IS DERIVED FROM A TRADE OR BUS	INESS, REGULA	ARLY CARRIED	ON AND
				017
NO	I IN FURTHERANCE OF THE PURPOSE FOR WHIC	H IT WAS GRAI	NTED EXEMPTI	ON.
ΙT	IS THE ORGANIZATION'S POLICY TO ACCOUNT	FOR ANY UNC	ERTAINTIES I	N INCOME
TAX	K LAW IN ACCORDANCE WITH FASB ASC 740-10	, ACCOUNTING	FOR UNCERTA	INTY IN
INC	COME TAXES. ASC 740-10 CLARIFIES THE ACC	OUNTING FOR 1	UNCERTAIN IN	COME TAX
POS	SITIONS AND REQUIRES THAT THE ORGANIZATI	ON RECOGNIZE	THE IMPACT	OF SUCH
A 7	TAX POSITION IN ITS FINANCIAL STATEMENTS	IF, UPON UL'	TIMATE SETTL	EMENT,

Part XIII   Supplemental Information (continued)						
THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS						
EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE						
ORGANIZATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAS TAKEN NO						
JNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL						
STATEMENTS. AS A RESULT, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS						
BEEN INCLUDED IN THE FINANCIAL STATEMENTS.						

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### 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

OMB No. 1545-0047

Inspection

Name of the organization

WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

**Employer identification number** 59-3691867

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

10 NEW GUINEA SINGING DOGS, 1 AUSTRALIAN DINGO, 9 FOSTER:

WOLFDOGS/DOGS

IN 2020 EDUCATIONAL VISITS WERE PUT ON HOLD DUE TO THE PANDEMIC COVID-19 FOR THE MAJORITY OF THE YEAR. AN ESTIMATED 2000 PEOPLE VISITED THE SANCTUARY IN DIFFERENT PROGRAMS IN 2020. **EDUCATION STAFF** DID VIRTUAL PRESENTATIONS ONLINE TO REACH AS MANY MORE PEOPLE AS POSSIBLE.

THE ORGANIZATION HAS DONE VIRTUAL PRESENTATIONS TO SCHOOLS, COMMUNITY GROUPS, LIVING FACILITIES, ENVIRONMENTAL GROUPS, AND HEALING HEARTS PARTNER ORGANIZATIONS THROUGH 2020 DURING THE PANDEMIC AND CLOSURES. IT IS IMPOSSIBLE TO ESTIMATE THE NUMBER OF PEOPLE REACHED THROUGH THESE MEASURES OR OUR SOCIAL MEDIA PRESENCE OF OVER 200K FOLLOWERS WHO TUNED IN FOR HAPPY PHOTOS AND VIDEOS DURING THIS TIME OF CRISIS.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL BOARD MEMBERS ARE PROVIDED COPIES OF THE 990 AND REVIEW SUCH WITH THE PREPARER. THE 990 IS THEN APPROVED FOR FILING BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS REVIEWED ON AN ANNUAL BASIS AND OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN THE POLICY CONFIRMING COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.					
Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).					
-	ations required to file an income tax return other than Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts			
Type or print	SHY WOLF SANCTUARY, EDUCATION  AND EXPERIENCE CENTER, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  1161 27TH STREET SW					expayer identification number (TIN)		
File by the due date for filing your return. See						1867		
instructions.	City, town or post office, state, and ZIP code. For a fo							
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			01		
Application	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 4720 (individual) 03 Form 4720 (other than individual)				09				
Form 990-PF 04 Form 5227					10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
Form 990	-T (trust other than above) SHANE BLITZ	06	Form 8870			12		
Teleph  If the o	ooks are in the care of ▶ 1161 27TH STREE one No. ▶ 239-455-1698  organization does not have an office or place of business of a Group Return, enter the organization's four digit (  I if it is for part of the group, check this box ▶	in the Un	Fax No. ▶ited States, check this box	f this is for	r the whole gro	•		
the ▶[ ▶[	quest an automatic 6-month extension of time until	anization's	d ending	the exem	_ ·	ı return for		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less					
	nonrefundable credits. See instructions.			3a	\$	0.		
	b If this application is for Forms 990-F, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution:	If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-E	O for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)