CLIENT'S COPY

FORM 990

YEAR ENDED DECEMBER 31, 2012

INTERNATIONAL WOLF CENTER

BOYUM & BARENSCHEER PLLP 3050 Metro Dr Ste 200 Minneapolis, MN 55425-1515 952-854-4244

March 6, 2013

CONFIDENTIAL

International Wolf Center 3410 Winnetka Ave N. 101 Minneapolis, MN 55427

Dear:

We have prepared the enclosed returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990) Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/12 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BOYUM & BARENSCHEER PLLP 3050 Metro Dr Ste 200 Minneapolis, MN 55425-1515

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Minnesota Charitable Organization Filing Instructions

The filing fee for the tax year ended 12/31/12 is \$25. The Annual Report Form must be signed and dated one page 6 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 41-1543539, for the year ended 12/31/12" on the check. Mail the return by July 15, 2013 to:

Office of the Attorney General 1200 Bremer Tower 445 Minnesota Street St. Paul, MN 55101-2130 Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BOYUM & BARENSCHEER PLLP

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Internal Revenue Service

For calendar year 2012, or fiscal year beginning, 2012, and ending, 20 2012 Department of the Treasury Do not send to the IRS. Keep for your records. Name of exempt organization Employer identification number International Wolf Center 41-1543539 Name and title of officer Rob Schultz Executive Director Part I Type of Return and Return Information (Whole Dollars Only) 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I. Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,515,388 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2012 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2012 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. Date > 05/15/13 Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41405455425 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization 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 IPS 2-file Providers for Business Returns. ERO's signature ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

096660

990 Form

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2012** Open to Public Inspection

Form 990 (2012)

A	For the 2012 c	alendar year, or tax year beginning , and ending	<u>l</u> lar		
В	Check if applicable:	C Name of organization	D E	Employ	er identification number
	Address change	International Wolf Center	-		
П	Name change	Doing Business As	1	41-	1543539
H		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E T	elepho	ne number
Ц	Initial return	3410 Winnetka Ave N. 101			
	Terminated	City, town or post office, state, and ZIP code			
	Amended return	Minneapolis MN 55427	G Gro	ss rece	ipts \$ 1,743,959
H	Analization manding	F Name and address of principal officer.			
Ш	Application pending	Rob Schultz	group retu	um for a	affiliates? Yes X No
		3410 Winnetka Ave N. #101	ffiliates in	ncluded	? Yes No
			o," attach	n a list.	(see instructions)
	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
-		www.wolf.org	xemption	numbe	ar D
-	Form of organization:				M State of legal domicile: MN
		Immary			in cate of logar contions.
		estible the organization's mission or most significant activities.			-
		romote and to educate the public about the importance of wol			
nce		nce the survival of wolf populations by teaching about wolve			r
гла		tionship to wild lands, and the human role in their future.	7		To recent or recent or recent or re-
Governance		s box	· · · · · · ·		
Ğ		functions many board of the management heads (Part VI) line (a)		3	17
≪ර ග		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		4	17
itie		ober of individuals employed in calendar year 2012 (Part V, line 2a)		5	34
Activities		AND THE COURT OF T		6	0
<		ober of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12	•••	7a	0
		ated business taxable income from Form 990-T, line 34		7b	0
_	D Not union	Prior Ye			Current Year
•	8 Contributi	ons and grants (Part VIII, line 1h)	2,72	20	945,155
nue	9 Program	service revenue (Part VIII, line 2g) 63	0,7	93	376,742
Revenue	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	9,0	08	6,533
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,9		186,958
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,57	0,4!	52	1,515,388
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		paid to or for members (Part IX, column (A), line 4)		0	0
s	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,1	78	897,069
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0
cbe	b Total fund	nal fundraising fees (Part IX, column (A), line 11e) traising expenses (Part IX, column (D), line 25) ▶ 164,823			
û	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e) 54	0,5		617,640
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,38	9,73	30	1,514,709
	19 Revenue		0,7	$\overline{}$	679
Assets or Balances		Beginning of Cu		$\overline{}$	End of Year
ssets	20 Total ass	ets (Part X, line 16) 1,85			1,853,532
et A			9,9		76,396
Ž급		s or fund balances. Subtract line 21 from line 20 1,77	6,4	57	1,777,136
		gnature Block			
		erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best c mplete_Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	of my kn	nowled	lge and belief, it is
	ie, correct, and co	implete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	-		1= 12
	-	Kellshat			-15-13
Sig		ignature of officer		Date	
He	-	Rob Schultz Executive Di	rect	cor	
		ype or print name and title			
Det		preparer's name Preparer's signature Date		Check	if PTIN
Paid	оозери	A RUSCHE 03/00		self-emp	
	parer Firm's na		Firm's Ell	N	41-6192096
USE	Only	3050 Metro Dr Ste 200			050 054 4044
-	Firm's ad	dress Minneapolis, MN 55425-1515	Phone no	0.	952-854-4244
11/1/21	THO IN MICCILE	E THE FAILTH WITH THE DEPORTE CHOWN SHOWS (COO INCTLICTIONS)			IXIVOC I INA

	International Wo		41-1543539	Page 2
	Statement of Program Ser			ডি
		is a response to any question	on in this Part III	X
To prom Advance	the survival of	wolf populations	out the importance of wol by teaching about wolve n role in their future.	.ves. es, their
Did the orga	enization undertake any significant	program services during the year v	which were not listed on the	
prior Form 9	200 000 570		which were not listed on the	X Yes No
Did the orga	anization cease conducting, or mak	ce significant changes in how it con	nducts, any program	Yes X No
	scribe these changes on Schedule			
expenses. S		anizations are required to report th	ee largest program services, as measured by ne amount of grants and allocations to others,	
Education	on and membership	303,833 including grants or programs as wel	l as the development and)
distrib	ution of printed	and electronic e	educational materials	

• • • • • • • • • • • • • • • • • • • •				

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b (Code:) (Expenses \$	including grants of	f \$	······)
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• • • • • • • • • • • • • • • • • • • •				***************************************
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c (Code:) (Expenses \$	including grants of	f \$) (Revenue \$)
·				• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •		

* * * * * * * * * * * * * * * * * * * *				
d Other progra	am services. (Describe in Schedul	e () \		
(Expenses	*	e O.) cluding grants of \$) (Revenue \$)
	ram service expenses	1,303,833) ficevenes w	

Pa	rt IV Checklist of Required Schedules	i		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	77	
_	complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			***
A	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)			v
_	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,	_		v
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		4,5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
)	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
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Constanting	X
ı	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	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	• • • • • • • • • • • • • • • • • • • •			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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	.,,,		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
}	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
		47		х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	^
;	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	l l	ļ	X
)a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b) (201:

_			Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
_	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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
1a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Von " complete Cabadula I. Dart I	25b		х
;	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	·		
	and the conformity complete of any of these property of the conformity of the confor			v
		27	1000000	X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a ,	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
İ	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	İ		
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	which was also of the original and the o	36		х
,	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,	1		
	D 414			v
	Part VI	37	 	X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ļ.		

Pa		ements Regarding Other IRS Filings and Tax Compliance k if Schedule O contains a response to any question in this Part V					
			ı	•	[Arabana	Yes	No
1a		r reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b		• • • • • • • • • • • • • • • • • • • •	1b	0	-		
С		tion comply with backup withholding rules for reportable payments to vendors and				Grant Control	
2-		g (gambling) winnings to prize winners?			1c	Benedate	X
2a		r of employees reported on Form W-3, Transmittal of Wage and Tax		34			
h			2a	34	- 0.	X	
b		reported on line 2a, did the organization file all required federal employment tax returns? of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		Ministra.
За		tion have unrelated business gross income of \$1,000 or more during the year?			3a		X
b		nd a Form 000 T for this year? If "Nis" provide an evaluation in Cabadyla O			3b		-21
4a		ig the calendar year, did the organization have an interest in, or a signature or other author			35		
	-	account in a foreign country (such as a bank account, securities account, or other financia	•				
	account/2	, , , , , , , , , , , , , , , , , , , ,			4a		х
b		e name of the foreign country: ▶					
		for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acco					
5а	Was the organiza	ation 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		Х
С		a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organiz	ation have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solic	cit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the	organization include with every solicitation an express statement that such contributions or					
	gifts were not tax	c deductible?			6b		
7	Organizations t	hat may receive deductible contributions under section 170(c).					
а	Did the organizat	ion receive a payment in excess of \$75 made partly as a contribution and partly for goods	3				
		vided to the payor?			7a		
b		organization notify the donor of the value of the goods or services provided?			7b		
C	_	tion sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Fo		ı		7c	75KKK800/806	vámező ésse
d			7d	·	-		
e		ion receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	ct?		7e		
f		tion, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g		n received a contribution of qualified intellectual property, did the organization file Form 88			7g	<u> </u>	
h 8		n received a contribution of cars, boats, airplanes, or other vehicles, did the organization f anizations maintaining donor advised funds and section 509(a)(3) supporting	ile a	Form 1098-67	7h		
0		Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	_	e excess business holdings at any time during the year?			8		200,000
9		anizations maintaining donor advised funds.			10		
a		ion make any tayable distributions under centies 40000			9a		1986(3846)
b	-	ion make any taxable distributions under section 4966? ion make a distribution to a donor, donor advisor, or related person?			9b		
10		7) organizations. Enter:					
а			10a				
b			10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income fro	om members or shareholders	11a				
b		m other sources (Do not net amounts due or paid to other sources	l				
	against amounts	due or received from them.)	11b				
12a	Section 4947(a)	(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	41?		12a		
b	If "Yes," enter the	e amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(2	29) qualified nonprofit health insurance issuers.					
а	Is the organization	n licensed to issue qualified health plans in more than one state?			13a		20000 21-111
		structions for additional information the organization must report on Schedule O.					
b		t of reserves the organization is required to maintain by the states in which	ı				
	the organization i		13b		_		
C	Enter the amount		13c				
14a		ion receive any payments for indoor tanning services during the tax year?			14a		X
a	ıт "Yes," has it file	ed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	1	l

Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			ugo o
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instruc	tions.	
	Check if Schedule O contains a response to any question in this Part VI			_X
Sec	tion A. Governing Body and Management			T
		18000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent [1b] 17	\dashv		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6 7-	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			₹.
h	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
b	stockholders or persons other than the governing heady?	76		~
8	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
	to the course of the course of requestion mornialist about policies not required by the internal revenue of	/uc.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	194		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interset policy? If "Ne" as to line 42	12a	X	sentialismosa
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	gymeydyindi
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		•	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization:			
Mi	nneapolis MN 55427 76	3-560)-7:	374

	000	(0040)	Tntown	ationa	TATO	16	C4
Form	990	(2012)	Interr	nationa	LL WO	LT (Center

41-1543539

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	T	Т								<u> </u>
(A) Name and Title	(B) Average			Pos	C)			(D) Reportable	(E)	(F)
Name and Title	hours per	(d	o not			than one	е	compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unle	ess pe	rson i	s both a	เก	from	related	other
	(list any hours for	1			directo	or/trustee		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or Indi	nsti	Officer	ě	불	Former	(W-2/1099-MISC)	(VV-2/1099-IVIIGC)	organization
	organizations	lirec	Institutional	<u>e</u>	ea	loye	ner			and related
	below dotted line)	or to	<u> 22</u>		Key employee	[®] 22				organizations
	in ie)	Individual trustee or director	trustee		8	pen				
		"	ee			Highest compensated employee				
(1) Nancy Jo Tubbs		†			ļ					
	2.00	1								
Chair	0.00	X		x				0	0	0
(2) Dr. L David Mech		+	 		-	\vdash				
(2) DI. I David Meci	2.00									
Vice Chair	0.00	x		x				0	0	_
		1		A		\vdash		U	0	0
(3) Paul B. Anderson										
	2.00									
Treasurer	0.00	X		X				0	0	0
(4) Cree Bradley			}							
	2.00									
Secretary	0.00	X		X				0	0	0
(5) Nancy Gibson										
_	2.00									
Director	0.00	x						0	0	0
(6) Debbie Hinchclif				<u> </u>						
(0)	2.00									
Director	0.00	x						0	0	o
(7) Judy Hunter	0.00	<u> </u>		\vdash		\vdash		<u>_</u>	U U	0
(/) budy Huncer	2 22									
	2.00									
Director	0.00	X						0	0	0
(8) David Merhar										
	2.00									
Director	0.00	X						0	0	0
(9) Dr. Rolf O. Pete	rson									
	2.00									
Director	0.00	X						0	0	0
(10) Mike Phillips										
(·-,	2.00									
Director	0.00	х						o	0	0
(11) Debroah Reynolds		122				╫			<u> </u>	U
(11) pentoan reynotas	2.00									
Dimarkan	0.00	x						o	^	_
Director	0.00	_ A	L	L				U	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, Ke	у Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo of	ox, unl	Pos check ess pe ind a	erson i	than o s both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com	(F) stimated nount of other pensation om the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		org: and	anization d related anizations
(12) Jerry Sanders	2.00										
Director (13) Paul Schurke	0.00	X						0	0		0
Director	2.00 0.00	x						0	0		0
(14) Ted Spaulding	2.00	v			ļ						0
Director (15) Dick Thiel	2.00	X						0	0		0
Director (16) Ray Wells	0.00	х	ļ					0	0		0
Director	2.00	x						0	0		0
(17) Rob Schultz	40.00										
Executive Director (18)	0.00			X				47,861	0		0
(19)											
1b Sub-total c Total from continuation she							▶	47,861	17 11 14 14 14 14 14 14 14 14 14 14 14 14		***************************************
d Total (add lines 1b and 1c) Total number of individuals (inc		nited			liste	d abo	ve)	47,861 who received more than \$1	00,000 in		
reportable compensation from 3 Did the organization list any for			or tri	ıstee	ke	v em	nlov	ee or highest compensated			Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedu 1a, is the sum c	ile J of rep	for s ortal	uch ole c	indiv omp	idual ensat	ion a	and other compensation fror			3 X
individual 5 Did any person listed on line 1 for services rendered to the or	a receive or accr	ue c	ompe	ensat	ion f	rom :	 any	unrelated organization or inc	dividual		
Section B. Independent Contractor											
Complete this table for your five compensation from the organization.	ation. Report con							year ending with or within t	he organization's tax year.		
Name and	(A) d business address							Descript	(B) ion of services		(C) Compensation
					····						
AND STATE OF								11			
Total number of independent or received more than \$100,000								listed above) who	0		
DAA											Form 990 (2012)

Pa	ırt V	III Staten Check	nent of Reve if Schedule (nue O conta	ins a resnonse	to any question in	this Part VIII		
		Official	n oonedate (o donne	по и гезропас	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated can	npaigns	1a					
ia our	b	Membership di		1b	323,54	3			
A, a	С	Fundraising ev		1c					
aff.	d	Related organi		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	e Government grants (contributions) 1e							
Sign	f	All other contribution							
E SE		and similar amounts	similar amounts not included above 1f			7			
a tr	g	Noncash contribution	is included in lines 1a-	1f: \$					
	h	Total. Add line	s 1a-1f		>	945,155			
Service Revenue					Busn. Code	- confidence of a restriction of the second			
eve	2a	*	nter Admissio	n Fees		232,010	·		
e e	b	Educatio	on Program Fe	ees		142,795			
ξ	С	C Magazine and Other Income				1,937	1,937		
တ္တ	d								
ם	е								
Program	ı		am service rever			000 000			
ш_			s 2a-2f			376,742		1	I
	3		ome (including o		•	6 522			6 522
		and other simil	ar amounts)			6,533		 	6,533
	4 5								
	3	Royalles	(i) Real	T	(ii) Personal				
	62	Gross rents	(1) 11001		(ii) 7 croonea	+			
		Less: rental exps.				- 100			
	C	Rental inc. or (loss)							
			me or (loss)	L	.				
	7a	Gross amount from	(i) Securities	1	(ii) Other				
		sales of assets other than inventory	***************************************						
	b	Less: cost or other						2,27	
		basis & sales exps.							
	С	Gain or (loss)			The state of the s				
	d	, , ,	ss)						
	8a	•	m fundraising ever					40.00	
evenue		(not including \$	•						
eve		of contributions re	eported on line 1c).						
r R		See Part IV, line	18	a					
Other	b	Less: direct ex	penses	_ b					
0			(loss) from fundr		vents			man and a franchis filtration filtration	
	9a	Gross income fro	m gaming activities	s.					
		See Part IV, line	19	a					
	b	Less: direct ex	penses	_ b					
	С	Net income or	(loss) from gami	ing activit	ies ▶				
	10a	Gross sales of	• •	- 1					
			owances		415,529	_		100	
			oods sold		228,57				
	С		(loss) from sales	of inven		186,958			186,958
		Misc	cellaneous Revenue		Busn. Code				
	11a								
	b	• • • • • • • • • • • • • • • • • • • •							
	C								
	d		ue						
			s 11a–11d			1 515 300	376 740	•	100 401
	12	rotai revenue	 See instruction 	S	<u></u>	1,515,388	376,742	0	193,491

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 771,989 658,164 26,032 87,793 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 49,663 45,589 9 Other employee benefits 2,018 2,056 75,417 2,533 8,711 Payroll taxes 64,173 10 11 Fees for services (non-employees): a Management b Legal 527 c Accounting 8,789 7,910 352 e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column <u>55,0</u>80 370,213 308,479 6,654 (A) amount, list line 11g expenses on Schedule O.) 44,592 42,977 969 12 Advertising and promotion 646 11,563 10,704 13 Office expenses 515 344 20,724 18,858 622 1,244 Information technology 14 Royalties 15 125,387 114,101 3,762 7,524 Occupancy 16 17,657 16,034 1,298 325 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,080 Conferences, conventions, and meetings 4,572 304 204 19 316 285 19 12 20 Payments to affiliates 21 Depreciation, depletion, and amortization 13,319 11,987 800 532 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) d e All other expenses 1,514,709 1,303,833 46,053 164,823 25 Total functional expenses. Add lines 1 through 24e 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)

art	X Balance Sheet					
	Check if Schedule O contains a response to any	question in the	his Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			241,502	1	491,366
2	Savings and temporary cash investments		569,299	2	298,964	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		1	73,817	4	35,592
5	Loans and other receivables from current and former			,		
	trustees, key employees, and highest compensated er					
	Complete Part II of Schedule L	5				
6	Loans and other receivables from other disqualified pe					
	4958(f)(1)), persons described in section 4958(c)(3)(B)	•		200		
	sponsoring organizations of section 501(c)(9) voluntary					
	organizations (see instructions). Complete Part II of So				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			65,223	8	97,395
9	Prepaid expenses and deferred charges			5,239		6,559
	Land, buildings, and equipment: cost or			- /		- 7,000
	other basis. Complete Part VI of Schedule D	10a	1.732.732			
l b	Less: accumulated depreciation	10h	809,076	901,362	10c	923,656
11	Investments—publicly traded securities	302,002	11	3207000		
12	Investments—other securities. See Part IV, line 11		12			
13	Investments—program-related. See Part IV, line 11		13	***************************************		
14	Latera Mata, and a to		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line			1,856,442	16	1,853,532
17	Accounts payable and accrued expenses			17,234		6,411
18	Grants payable	1		18		
19	Deferred revenue	563	19			
20	Tax avanual band Sabilitian		1		20	
21	Escrow or custodial account liability. Complete Part IV		_ 1		21	**************************************
22	Loans and other payables to current and former office				-	
22	trustees, key employees, highest compensated employ					
	disqualified persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated this	rd parties			23	
24	Unsecured notes and loans payable to unrelated third	narties	····		24	W. W. C.
25	Other liabilities (including federal income tax, payables				A-T	
	parties, and other liabilities not included on lines 17-24		1			
	of Schedule D	· · · · · ·		62,188	25	69,985
26	Total liabilities. Add lines 17 through 25			79,985		76,396
	Organizations that follow SFAS 117 (ASC 958), che		X and			,
	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			1,722,840	27	1,685,231
27 28 29	Temporarily restricted net assets		53,617	28	91,905	
29	Permanently restricted net assets	1		29		
	Organizations that do not follow SFAS 117 (ASC 9					
	complete lines 30 through 34.	_				
30	Capital stock or trust principal, or current funds			30		
31	Paid-in or capital surplus, or land, building, or equipme			31		
30 31 32	Retained earnings, endowment, accumulated income,	or other funds	s		32	
33	Total and annula on Conditions			1,776,457	33	1,777,136
34	Total liabilities and net assets/fund balances			1,856,442	34	1,853,532

Form	n 990 (2012) International Wolf Center 41-1543539			Pag	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\prod
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	14,7	109
3	Revenue less expenses. Subtract line 2 from line 1	1 - 1			679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,7	76,4	157
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,7	77,1	L36
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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				
C	: 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
			For	m 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Wolf Center

Employer identification number 41-1543539

Pa	rt I	Reas	on for Public Charity	Status (All organizations i	must co	mplete	this pa	rt.) Se	e instr	uctions	S.			
The o	orgar	nization is not	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)						***************************************		
1	П	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)).							
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii).	Enter th	ne hospi	tal's nam	e.		
	_	city, and state	e:							•		•		
5	П	An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	in				
	سا	-	(b)(1)(A)(iv). (Complete Part	•		, ,								
6	П			vernmental unit described in sec	tion 170	b)(1)(A)(v	/).							
7	X		-	ubstantial part of its support from			•	n the ae	neral pu	ıblic				
		_	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	J									
8	П			70(b)(1)(A)(vi). (Complete Part II	.)									
9	П	-		more than 33 1/3% of its support	•	ntributions	memb	ershio fe	es and	gross				
		_	• • • • • • • • • • • • • • • • • • • •	t functions—subject to certain ex				•		•				
		•	•	unrelated business taxable inco	•	, ,								
			_	1975. See section 509(a)(2).	,									
10	П		-	clusively to test for public safety.	•	•	(a)(4)							
11	H		-	clusively for the benefit of, to per				carry ou	t the					
• •	ш	-		d organizations described in sect				•		tion				
				e type of supporting organization	-									
		a Type	F1	c Type III–Functiona			d			n-functio	onally int	egrati	-d	
е	П	٠٠ ســـا	□ ··	nization is not controlled directly								og.a.	, ,	
-	ш	-		than one or more publicly suppo				•	•					
		or section 50	-		.					(/(-/				
f				nination from the IRS that it is a	Type I Ty	nell or	Type III s	upportin	a					
•			check this box		- , - , - ,	,,	.,,,		3					
g		and the second		on accepted any gift or contribution	on from an	v of the								L1
9		following per	· · · · · · · · · · · · · · · · · · ·	m accepted any girt of communication	,,, ,, o,,,, o,,	., 00								
				ntrols, either alone or together wit	h nersons	describe	d in (ii) a	and				1	Yes	No
			v, the governing body of the								[-	11g(i)		
			member of a person describe	od in (i) above?							· · · · · · · .	11g(ii)		
			ontrolled entity of a person de	***************************************							· · · · · · · · · · · · · · · · · · ·	11g(iii)		
h			following information about th	*****							L	.3()	l	1
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	you notify	(vi)	ls the	(vii) A	mount (of monet	farv
		janization	(-1,	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizati	on in col.	(*, /	suppi		
			·	above or IRC section	governing	document?		of your port?		zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)														
(-7								ŀ						
(B)														
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(C)					<u> </u>								**********	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 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.)

	ii tilo organization lano to	quality artaor t	no teoto noted t	ciovi, picase e	ompice rait	1.)	
	tion A. Public Support	T		1	1		
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		0.00				
Sec	tion B. Total Support	<u> </u>					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						***************************************
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	. 🗀
202	organization, check this box and stop here tion C. Computation of Public Su						> L
15				(A)		1 45	
16	Public support percentage for 2012 (line 8, Public support percentage from 2011 Sched	Column (i) divided	by line 13, column	(1))		15	%
	tion D. Computation of Investme				• • • • • • • • • • • • • • • • • • • •	1 10	%%
17	Investment income percentage for 2012 (lin			column (f))		17	%
18	Investment income percentage from 2011	Schedule A. Part II	I. line 17			18	<u>%</u>
19a	33 1/3% support tests—2012. If the organ	nization did not che	eck the box on line	14, and line 15 is m	nore than 33 1/3%.	and line	
	17 is not more than 33 1/3%, check this box			•			▶ □
b	33 1/3% support tests—2011. If the organ						······
	line 18 is not more than 33 1/3%, check this						▶ □
	Private foundation. If the organization did						>

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	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,062,435	912,472	752,879	1,086,523	945,155	4,759,464
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,062,435	912,472	752,879	1,086,523	945,155	4,759,464
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.						4,759,464
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,062,435	912,472	752,879	1,086,523	945,155	4,759,464
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,717	13,868	14,679	9,008	6,553	64,825
3	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 IV.)	2,321	960	6,539	2,320	1,937	14,077
11	Total support. Add lines 7 through 10						4,838,366
12	Gross receipts from related activities, etc. (s	see instructions)				12	376,742
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						
Sect	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, o	column (f) divided b	y line 11, column (f))		14	98.37 %
15	Public support percentage from 2011 Sched	ule A, Part II, line	14			15	98.40%
16a	33 1/3% support test—2012. If the organiz						. ==
	box and stop here. The organization qualified	es as a publicly su	pported organization	n ,			► X
b		ation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more,		
47.	check this box and stop here. The organiza	ation qualifies as a	publicly supported	organization			▶ ∐
17a	10%-facts-and-circumstances test—201:						
b	10% or more, and if the organization meets Part IV how the organization meets the "factorganization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization recognization in Part IV how the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets 10% or more, and if the organization meets the "factorganization meets the "	ts-and-circumstance 1. If the organization meets the "facts-anets the "facts-and-cits the "facts-and-cits the "facts-and-cits".	es" test. The organ n did not check a b d-circumstances" te rcumstances" test.	ization qualifies as ox on line 13, 16a, est, check this box and the organization q	a publicly supporte 16b, or 17a, and lir and stop here. ualifies as a publicl	ne	▶□
18	supported organization Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Schedule A (F	orm 990 or 990-EZ)	2012 Inter	national	Wolf Ce	enter	41-154353	39 Page 4
Part IV	Supplemental Part II, line 17: instructions).	Information. a or 17b; and I	Complete this Part III, line 12	part to provi	de the explanati ete this part for	ons required by Part II, I any additional information	ine 10;
Part I	I, Line 10	- Other	Income D	etail			
Other	income			\$	14,077		
		***************************************	,				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number International Wolf Center 41-1543539 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year _____ 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2012 Internat				41-1543539				age 2
Pa	rt III Organizations Maintainin	g Collections of A	Art, Historical Tr	easures, c	or Other Similar	Assets ((continu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records, o	check any of the follow	ving that are a	a significant use of its				
а	Public exhibition	d 🗍	Loan or exchange pro	orams					
b	Scholarly research		Other						
C	Preservation for future generations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·					
4	Provide a description of the organization's co	ollections and explain h	ow they further the or	nanization's e	xempt numose in Par	†			
	XIII.	should and explain in	on they larther the en	garnzanorro c.	Acript purpose in Fai				
5	During the year, did the organization solicit of	or receive donations of	art historical treasures	s or other sim	nilar				
	assets to be sold to raise funds rather than t						☐ Ye	. [No
Pa	rt IV Escrow and Custodial A	rrangements. Con	nplete if the organ	nization ans	swered "Yes" to F	orm 990			, 140
	line 9, or reported an amou						,	,	
1a	Is the organization an agent, trustee, custod	······································		other assets r					
	included on Form 990, Part X?						ΠYe	s 「	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:				٠. ت		
	. ,						Amount		
С	Beginning balance				<u> </u>	1c			
q	Additions during the year					1d			
	Additions during the year								—
	Distributions during the year					1e 1f			
20	Ending balance	000 Deat V. line 0			L			Г	1
Za h	Did the organization include an amount on F	Offin 990, Part X, line 2					Y€	_	No
	If "Yes," explain the arrangement in Part XIII. If V Endowment Funds. Compared to the compare								
se rea	rt V Endowment Funds. Com			1					
4-		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) three	years back	(e) Fou	years	back
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and								
	losses			ļ					
d	Grants or scholarships								
е	Other expenditures for facilities and						İ		
	programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance (l	ine 1g, column (a)) he	eld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organizatio	n that are held and ac	dministered fo	r the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required on	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endowr	ment funds.				·		
35-120-120-120-120-120-120-120-120-120-120	rt VI Land, Buildings, and Equ			10.			***************************************		
	Description of property	(a) Cost or other ba			(c) Accumulated		(d) Book	value	
		(investment)	(oth	er)	depreciation				
1a	Land								
	Buildings								
c	Leasehold improvements		1.0	38,244	363,0	162	6.	75	182
	Equipment			94,488	446,0				474
	Other			, 100	220/(<u></u>	<u> , </u>	4,7
	Add lines 1a through 1e (Column (d) must a		column (R) line 10/o	\ \	I		0'	2	656

Part VII Ir	nvestments-Other Securities. See Fo	OOO I	Port V line 12		Page
	reserved of the second of the	7111 990, I	all A, III le 12.		
	(a) Description of security or category		(b) Book value	(c) Method of valu	ation;
	(including name of security)	1074		Cost or end-of-year ma	rket value
(1) Financial deriv	vatives				
(2) Closely-held e	******************************				
(3) Other					
(A)		L			
(B)		<i></i>			
(C)					
(D)		L			
(E)					
(F)		L			
(G)		L			
(H)		L			
<u>(1)</u>					
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)	>			
Part VIII Ir	nvestments-Program Related. See F	orm 990,	Part X, line 13.		
	(a) Description of investment type		(b) Book value	(c) Method of valu	ation:
				Cost or end-of-year ma	rket value
(1)					
(2)					
(3)					
(4)					
(5)					·
(6)	A WAR AND A WAR		· · · · · · · · · · · · · · · · · · ·		
(7)					
(8)				1	
(8) (9)					
(9)					
(9) (10)	must equal Form 990, Part X, col. (B) line 13.)	>			
(9) (10) Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line				
(9) (10) Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line (a) Desc	∋ 15.			(b) Book value
(9) (10) Total. (Column (b) Part IX O	other Assets. See Form 990, Part X, line	∋ 15.			(b) Book value
(9) (10) Total. (Column (b) Part IX O	other Assets. See Form 990, Part X, line	∋ 15.			(b) Book value
(9) (10) Total. (Column (b) Part IX O (1) (2)	other Assets. See Form 990, Part X, line	∋ 15.			(b) Book value
(9) (10) Total. (Column (b) Part IX O (1) (2) (3)	other Assets. See Form 990, Part X, line	∋ 15.			(b) Book value
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(9) (10) Total. (Column (b) Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) Part X O 1. (1) Federal inco. (2) Accrued (3) Credit (4) (5) (6) (7) (8)	must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability me taxes payrol1	∋ 15. ription	65,348		(b) Book value
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(9) (10) Total. (Column (b) Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) Part X O 1. (1) Federal incolumn (2) Accrued (3) Credit (4) (5) (6) (7) (8) (9) (10)	must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability me taxes payrol1	∋ 15. ription	65,348		(b) Book value
(9) (10) Total. (Column (b) Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) Part X O 1. (1) Federal incol (2) Accrued (3) Credit (4) (5) (6) (7) (8) (9) (10) (10) (11)	must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. See Form 990, Part X, col. (B) line 15.) (a) Description of liability me taxes payrol1	∋ 15. ription	65,348		(b) Book value

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 International Wolf Center	41-15		Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements			1,515,388
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l I		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,515,388
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,515,388
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	1,514,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	1 ~ 1		
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,514,709
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		·····	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	+D		
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		4c 5	1,514,709
			3	1,314,109
Pa	irt XIII Supplemental Information			
	IRT XIII Supplemental Information	s 1a and 1: Part IV lines 1h	and 2h:	
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		· ·	
Comp Part '	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also compl		· ·	
Comp Part '	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		· ·	***************************************
Comp Part '	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also compl	ete this part to provide any	additional	
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Schedule D (Fo	rm 990) 2012]	International	Wolf	Center	4	41-1543539	Page 5
Part XIII	Supplemental	Information (continu	ued)			100 100 100 100 100 100 100 100 100 100	
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SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Wolf Center

Employer identification number 41-1543539

THE CENTRE CONTROL WOLL CONTROL 41 1343339
Form 990, Part III, Line 2
All three achievements were combined into one achievement since the primary
purpose of all the achivements is for funding the International Wolf
Center's mission.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Reviewed and approved by governing board before filing
·
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Annual review of policy with officers, directors and key employees
· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Line 15a - Compensation Process for Top Official
On an annual basis, the board of directors conducts an annual review of the
executive director, in which the Board Chair and other members of the
Executive Committee interview other board members on the executive
directors performance, collect feedback from employees, and a self-review
from the executive director. Salary increases for this position are set by
the Board of Directors following the review. The board uses comparative
salary information provided by the Minnesota Council on Nonprofits to
determine this salary level and ensure that it is comparable to other
similar organizations. The Board of Directors approves executive director
performance reviews and the salary for this position.
·······································
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

	Employer identification number 41–1543539		
ices			
Fur	ndraising		
\$	924		
\$	0		
\$	180		
\$	11,262		
\$	104		
\$	0		
\$	0		
\$	13,873		
\$	14,719		
\$	1,396		
\$	320		

chedule O (Form 990 or 990-EZ) ame of the organization					Page tification number
Inter	rnational Wolf (Center		41-154	13539
\$	16,457	\$	174	\$	848
Printing					
\$	21,822	\$	146	\$	498
Staff developmer	nt				
\$	3,248	\$	217	\$	144
Telephone					
\$	5,365	\$	358	\$	238
Wolf pen supplie	es				
Ş	11,602	\$	0	\$	0
Bank and credit	card charges				
\$	12,692	\$	151	\$	3,686
Repair and main	tenance	· • • • • • • • • • • • • • • • • • • •			
\$	8,394	\$	933	\$	0
Equipment					
\$	5,969	\$	398	\$	266
Depreciation					
\$	100,432	\$	3,311	\$	6,622
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·····			•••••		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

096660 International Wolf Center

41-1543539

Federal Statements

FYE: 12/31/2012

Taxable Interest on Investments

Descrip	otion						
		Amount	Unrelated Business Cod			Acquired after 6/30/75	US Obs (\$ or %)
Interest income	from						
	\$	6,533		14	MN		
Total	\$	6,533					

096660 International Wolf Center

41-1543539 FYE: 12/31/2012

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description		ш	Total Expenses	-	Program Service	Mana	Management &		Fund Raising
Annial renort	-		1 320	V.	10)	5		0.00
Z		ŀ	,	}-) (}-		}-	1
center program costs			63,023		63,023				
Contract services			5,068		w		272		180
Contribution mailbags	-		16,089		4,827				11,262
Extended group programs			10,426		$^{\circ}$				104
Graphic design and editor			8,800		8,800		-		
Intern costs			5,366		(Υ)				
Membership drive			19,818		O				3,87
Membership maintenance			4,		(γ)		205		14,719
Membership premiums			1,994		598				39
Miscellaneous			10,089		α		489		320
Postage and delivery			7		6,4		174		4
Printing			2		∞		146		\circ
Staff development			3,609		3,248		217		4
Telephone			5,961		(γ)		358		$^{\circ}$
Wolf pen supplies			11,602		11,602				
Bank and credit card charges			16,529		0		151		3,686
Repair and maintenance			9,327		8,394		933		
Equipment			6,633		0)		398		266
Depreciation			110,365		100,432		3,311		6,622
Total		\$	370,213	\$	308,479	Ŷ	6,654	\$	55,080

096660 International Wolf Center 41-1543539 FYE: 12/31/2012		
	Federal Statements	
	Schedule A. Part II. Line 1(e)	
Membership Dues and Assessments Public Support Total	Description	\$ 323,548 621,607 \$ 945,155
	Schedule A. Part II, Line 12	
Ŏ	Description	Amount
Wolf Center Admission Fees Education Program Fees Magazine and Other Income Total		\$ 232,010 142,795 1,937 \$ 376,742
		,