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

OMB No. 1545-0047 2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

-			calendar year, or	NAME AND ADDRESS OF TAXABLE PARTY.	ning		, and ending							
В	3	if applicable:	C Name of organization								D Employ	er identifi	cation numb	er
ᆫ	Addres	s change		Wolf P										
	Name	change	Doing business as	Positi	ve A	warene	ss Wolf-do	g San	tuar	•	46-3	4905	14	
$\overline{\Box}$	Initial m	ntum	PO Box 89	or P.O. box if mail is n	ot deliver	red to street ac	ddress)		T	Room/suite	E Telepho	ne number	r	
<u> </u>	Final re		City or town, state or		d 710 au 4						865-	<u> 397-</u>	7656	
	terminat													
П	Amende	ed return	Dandridge		. 7	rn 3772	25				G Gross re	eceipts\$	133	,254
H			F Name and address of											
	Applicat	tion pending	Helen Au	ırenz						H(a) Is this a gr	oup return for	r subordina	tes Yes	X No
										H(b) Are all sul	ordinates in	cluded?	Yes	No
										If "No,"	' attach a lis	t. See instr	ructions	
1	Tax-ex	empt status:	X 501(c)(3)	501(c) (	) (inser	rt no.)	4947(a)(1) or	527						
J	Websit	te: W	ww.wolfpav	ws.org						H(c) Group exe	motion numi	har		
K	Form o	of organization		Trust Associa	ation	Other			I Vo	ar of formation: 2		_	-£1 - 1 1 - 1	" MAT
F	Part I	Su	ımmary			00.00			L IE	al of formation. Z	013	M State	of legal domi	cile: TIA
-	1		escribe the organiza	ation's mission o	ar moet	significant	optivitios:							
9		Resc	ue and prov	ride sancti	11277	for u	ntionted an	d ab		16 1	- 1			
ă		wolf	ue and prov	nd noods	uary.	+.O.F	iiwaiiced aii	u apus	sea.	worr-dod	s. Edi	icate	on	
E.		·	-dog care a	na needs	±110	raer t	o reduce t	ne eu	than	asıa of	wolf-c	dogs.		
Governance	2	Chook thi	io how T is the seri								,			
		Number of	is box if the org	janization discon	iunuea	its operation	ons or disposed of	of more th	nan 25	% of its net a	ssets.			
Activities &	3	Number	of voting members	of the governing	pody (	(Part VI, lir	ie 1a)	()			3	4		
<u> </u>	4	Number o	of independent votir	ng members of t	the gov	eming boo	ly (Part VI, line 1	b)			. 4	4		
<u>\$</u>	) 5	lotal nun	nber of individuals e	employed in cale	endar y	ear 2024 (	Part V, line 2a) .		<b>.</b>		5	_1		
¥	0	lotal nun	nber of volunteers (	(estimate if nece	essary)						6	5		
	7a	Total unre	elated business rev	enue from Part	VIII, co	lumn (C),	line 12				7a			0
	b	Net unrela	ated business taxal	ble income from	Form !	990-T, Par	t I, line 11				7b			0
	1						APPEN TO THE PERSON NAMED IN			Prior Yea	r	(	Current Year	
ne	8	Contributi	ons and grants (Pa	art VIII, line 1h)					L	147	,379		131,	102
Revenue		9	1100 10101100 (1 1	are vini, mio zg		25	ANY A				21.1			0
è	10	Investmer	nt income (Part VIII	, column (A), line	es 3. 4	. and 7d)	M. N		- 1				2.	152
-	11	Other rev	enue (Part VIII, coli	umn (A), lines 5,	, 6d, 8d	e, 9c, 10c,	and 11e)		- 1					0
-	12	Total reve	enue – add lines 8 t	through 11 (mus	st equal	Part VIII.	column (A), line	12)		147	,379		133,	254
	13	Grants an	nd similar amounts	paid (Part IX, co	olumn (	A), lines 1-	-3)							0
	14	Benefits p	aid to or for memb	ers (Part IX, colu	umn (A	), line 4)								0
S		Salaries,	other compensation	n, employee ben	efits (P	art IX. col	umn (A), lines 5-	-10)		66	,530		68	048
Expenses	16a	Profession	nal fundraising fees Iraising expenses (I	(Part IX, colum	n (A), I	line 11e)			.		7550		00,	010
ĝ	b	Total fund	raising expenses (I	Part IX, column	(D), lin	e 25)	15.1	45						
ш	17	Other exp	enses (Part IX, col	lumn (A), lines 1	1a-11c	1. 11f-24e	············ <del>·</del> ······· <del>··</del> ············			105	,058		0.0	656
	18	Total expe	enses. Add lines 13	3-17 (must equa	l Part I	X column	(A) line 25)		·  -		,588			2007
	19	Revenue	less expenses. Sub	otract line 18 from	m line	12	(×), iiio 20)		·	-24			167,	
sets or				Audet mile to not	iii iii jo	12	*******		·   B	eginning of Curr		-	_34, End of Year	450
sets	20	Total asse	ets (Part X, line 16)						<u> </u>		, 825		181,	828
t Ass			lities (Part X, line 2					•••••••	.  -		,661		110.	111
			s or fund balances.		from I	ine 20		• • • • • • • • • • • • • • • • • • • •	.  -	106	164	-	71	714
P	art II		nature Block					*******		100	1041		/	114
Ur	nder pe	enalties of r	perjury, I declare that	I have examined t	this retu	m including	accomponing on	bodulos or						
tru	ie, com	ect, and	omplete. Declaration of	of preparer (other)	than off	icer) is base	ed on all information	n of which	prepar	ernents, and to terne	ne dest of wiedge	my know	wledge and	belief, it is
		10	WI AG	Ich Va	24	STATE OF THE PARTY					1 5/	15%	7 (***	
Sig	ın c	Signature of	of officer		8				-	Part - Tradition	Date	13/0	23	
Hei		Lenn	ifer S Ac	kley			Dro	d	+ /D	irector	Date			
			nt name and title	TEA			Pre:	staen	L/D	rector				
		Preparer's			To	reparer's sign	atum							
Paid	i			~~		ichaicia aiàili	aune			Date	Check	L if P	TIN	
	oarer	10000	A. Thomas, CI			D				05/13/2	25 self-emp	oloyed I	20151531	1
	Only	Firm's nam			PA,	PLLC				Firm	n's EIN	45-	56141	28
-00	City			Box 324		25222	0.45.4							No.
N/-	46. 1-	Firm's addr			IN	37930	-2454			Pho	one no.	865-	691-8	509
iviay	the IF	KS discuss	s this return with the	e preparer show	n abov	e? See ins	structions						X Yes	No
DAA	Paperv	vork Redu	ction Act Notice, se	e the separate in	structio	ons.				4 70. <del>jel</del> i.		***************************************	Form <b>990</b>	(2024)

art III	Statement of Prog	ram Service Accomplishme	46-3490514	Page 2
20 Te 20	Check if Schedule C	contains a response or note	to any line in this Part III	П
Briefly o	describe the organization's	mission:	to dry mic in this Fait III	L
Resc	ue and provid	le sanctuary for un	nwanted and abused wol	f-dog Educato
wolf	-dog care and	l needs in order to	reduce the euthanasi	a of wolf-dogs
			····-	a or worr-dogs.
Did the	organization undertake any	significant program services during t	he year which were not listed on the	
prior For	rm 990 or 990-EZ?		, , , , , , , , , , , , , , , , , , , ,	Yes X No
	describe these new service	es on Schedule O.		
Did the	organization cease conduc	ting, or make significant changes in h	low it conducts, any program	
services'				Yes X No
	describe these changes or			
Describe	the organization's program	n service accomplishments for each	of its three largest program services, as me	asured by
expense	s. Section 501(c)(3) and 50	)1(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 report	ed.	
(Code:	\ /F	117 005		
(Code:	) (Expenses \$	117,085 including gran	its of\$) (Revenue	e \$)
.+	A WOLL PAMS	inc. successiully	rescued a wolf-dog in	need, providir
トW.ナ.	we continued	supportive environ	nment to heal and thri	ive. That same
74.+.1	we continued	Our committinent to	offering lifelong san	ectuary to 12 of
A÷÷.	they can live	out the roat of	one has a permanent, their lives with prope	peaceful home
ompas	ssion.	out the rest or	their lives with prope	er care and
	**************************************			
	••••••	***************************************		
	•••••••••••	***************************************		
			<u> </u>	
			·····	
(Code:	) (Expenses \$	17,180 including grant	ts of\$ ) (Revenue	2 2
n 202	24, Wolf PAWS	Inc. hosted 152 p	rivate tours of our sa	anctuary offori
TOTIC	To all Ill-debt	ii educational expe	Prience about wolf-doc	e and the
irbot r	ant reasons w	my we strongly dis	scourage keeping them	as pets. In
ببببب	on to these t	ours, we engaged w	Vith the community thr	Cough our
artic	ipation in fi	ve local events, w	there we set up a boot	h to raise
väteii	less about the	unique challenges	of caring for wolf-d	ogs and the
port	ance of respond	onsible wildlife st	tewardship.	
				***************************************
Code:	) (Expenses \$	including grant	s of\$ (Revenue	\$ )
<u> </u>				
			***************************************	
• • • • • • • • • • • • • • • • • • • •				
			***************************************	
			***************************************	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T
ther pro	gram services (Describe or	5		
Expenses	5 W	including grants of\$	) (Revenue \$	

# 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,"			
2	Is the organization required to complete School to B. O. Lead B. G. C.	1	X	<u> </u>
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
·	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)			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		Λ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		W
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	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	-6		
	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		Х
10	bid the organization, directly or inrough a related organization, hold assets in donor-restricted endowments	-		71
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ū	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	l		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	$\rightarrow$	<u>X</u>
	Schedule D, Parts XI and XII	120		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	-+	X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	.	Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg \uparrow$	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	$\neg \uparrow$	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	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			
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1200
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
DAA	, , ,		990	X

Form 990 (2024) Wolf Paws Inc

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	grants of other assistance to or for domestic individuals on		1.00	1
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
25	The state of the s			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule, I			
248	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	X
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1^
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			+-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	00	77	l
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	. 26	X	-
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	the substantial contributor? If			
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
b	Tes, complete Schedule L, Fall IV	_ 28b		X
Ŭ	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29		X
	conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	.   31		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	.		- 21
	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,			
\r_	or IV, and Part V, line 1	34		X
b b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1		X
D	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			
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	
	related organization? If "Yes," complete Schedule R, Part V, line 2	_		7.7
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
12	Enter the number reported in hex 2 of Form 1000 Table 0 If a line in the number reported in the number r		Yes	No
b	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 2  1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	4-	v	
AA		1c	990	(2024)
		i Oilli		(2024)

-	art V Statements Regarding Other IRS Filings and Tax Compliance (co	ntinue	ed)		THE RESERVE TO SHARE	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	I			165	IAC
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	?	2b	X	
3a	bid the organization have unrelated business gross income of \$1,000 or more during the year?			3a	21	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheen	dule O		3b		21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	thority over	-		$\vdash$
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial a	ccount)?	4a		X
b	if Yes, enter the name of the foreign country					2.
	see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Acc	ounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	r?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train	nsactio	n?	5b		X
C	if res to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	boes the organization have annual gross receipts that are normally greater than \$100,000, and di	id the				
b	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
J	If "Yes," did the organization include with every solicitation an express statement that such contrib gifts were not tax deductible?	outions	or			
7				6b		
a	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly and services provided to the payor?	-				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			7b		
		(was		1_1		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it cont	mat?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	aci?	7e	-+	
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form	8800 as required?	7f	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nization	file a Form 1000 C2	7g	-+	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ined b	the	7h		7
	Shonsoring organization have excess business holdings at any time during			8	Sales Sales	
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	$\neg$	
10	Section 501(c)(7) organizations. Enter:	•••••				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:			1 1		
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	orm 10	41?	12a		Om-and-45
D 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which	1				
С	the organization is licensed to issue qualified health plans	13b				
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School			14a	$\rightarrow$	X
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remul	norce:		14b	-+	
						7.7
	excess paracrute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			15		<u>X</u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment to the section 4968 excise tax	nt inc-	ma?	46		37
	If "Yes," complete Form 4720, Schedule O.	HIL IFICC	me!	16	6350	<u>X</u>
	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any a	ctivities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	Or AIRIGS		17		
	f "Yes," complete Form 6069.					
					MALEST AND	10 m

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 Yes No 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. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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: The governing body? Each committee with authority to act on behalf of the governing body? ..... 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 No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN 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. X Own website Another's website X Upon request 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. Jennifer S Ackley PO Box 891 Dandridge TN 37725 865-397-7656

Form 990 (2024) Wolf Paw	rs Tha							46.24	2054	
Part VII Compensation	of Officers.	Dir	ect	ors	Tı	ruste	20	Key Employees	90514 Highest Company	Page 7
independent C	ontractors									
Check if Schedu	le O contain	s a	res	pon	se	or no	ote	to any line in this P	art VII	П
Section A. Officers, Directors,	irustees, Key	/ En	nplo	yees	, ar	nd Hig	ahe	st Compensated Emplo	vees	
1a Complete this table for all persorganization's tax year.										
<ul> <li>List all of the organization's compensation. Enter -0- in column</li> </ul>	is (D), (E), and	$(\Gamma)$ [	T NO	com	pen	sation	Wa	as paid.		ount of
List all of the organization's	current key em	ploy	ees,	if ar	ny. S	See in	stru	actions for definition of "ke	ey employee."	
<ul> <li>List the organization's five control who received reportable compensation, some street that the organization are supported by the control of th</li></ul>	TION COOK 5 OF F	-om	\/\/_:	) hr	VA	of Fo	es ( m	other than an officer, dire 1099-MISC, and/or box 1	ector, trustee, or key emp of Form 1099-NEC) of m	loyee) nore than
<ul> <li>List all of the organization's f \$100,000 of reportable compensa</li> </ul>	former officers	key	emr	love	200	and h	igh	est compensated employ	rees who received more the	nan
List all of the organization's to organization, more than \$10,000 organization.	former director	'S 01	tru	stoo	e th	at rec	aive	ed in the capacity on a fe	ormer director or trustee o	f the
See the instructions for the order in	n which to list th	ne pe	ersor	ns al	bove	e.				
Check this box if neither the or	rganization nor	any	relat			nizatio	n c	compensated any current	officer, director, or trustee	). T
(A)	(B)	l		Pos	<b>c)</b> sition			(D)	(E)	(E)
Name and title	Average hours	bo	x, unle	ess pe	erson	than or is both	an	Reportable compensation	Reportable	(F) Estimated amount
	per week (list any				1 =	or/truste	10.	from the	compensation from related	of other compensation
	hours for related	Individual or director	nstitutional	Officer	(ey eı	lighes	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	organizations	ctor to	1 =		key employee	e con	7	1099-NEC)	# 1099-NEC)	related organizations
	below dotted line)	trustee	trustee		ee	Highest compensated employee				
(1) Jennifer S Ackl	0.11	_	1 8	_		ited	_			
(Moeillitter 2 ACKI	40.00									-
President/Director	0.00	X		X				45,000	0	0
(2) Helen Aurenz						П	é			
Treasurer/Director	0.00	Х		Х			46	0	0	0
(3) Shayla Biehl				23					U	0
Vice President/Direc	40.00	**		-	100		P.		J	
(4) Diana Feile	0.00	X	. 1	X			$\dashv$	0	0	0
	8.00			1	Baggis				- 1	
Secretary	0.00	Χ		Χ				0	0	0
(5)										
(6)										
·····										
(7)							+			
(8)		-	$\dashv$			+	+			W-12-
V-7			- 1	- 1	- 1	- 1	- 1		1	

(9)

(10)

(11)

Fait	(A) Name and title	(B) Average hours per week	(do box off	o not o x, unle icer a	Pos check ess pe nd a	c) sition more erson direct	than is boti	one h an itee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
***************************************		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)											
(13)											
(14)											
(15)											
(16)											
(17)							-		C Y		
(18)								- The state of the			-
(19)						4		2			
c To	ubtotal otal from continuation she otal (add lines 1b and 1c)	ets to Part VII,	Sec	tion	Α.		<b>.</b>	[	45,000 45,000		
2 To	otal number of individuals (ir portable compensation from	ncluding but not	limit	ed t	o the	ose	listed	ab	ove) who received more t	than \$100,000 of	
3 Die en 4 Foor ince 5 Die for	d the organization list any for any individual listed on line ganization and related organization and related organization and related organization line d any person listed on line a services rendered to the organization.	ormer officer, d " complete Sche e 1a, is the sun nizations greate 1a receive or ac organization? If "	irectordule	or, treporan \$	or su ortabl 150, mper	ich i le co 0001 	ompe ompe on fi	iduai ensa Yes, 	tion and other compensat " complete Schedule J fo any unrelated organizatio	tion from the r such	Yes   No
1 Cc	mplete this table for your fi	ve highest com	pens	ateo	ind	eper	nden	t co	ntractors that received mo	ore than \$100,000 of	
CO	mpensation from the organi Name and	Zation, Report of (A) business address	omp	ensa	ation	for	the	cale	ndar year ending with or Descripti	within the organization's t (B) on of services	ax year. (C) Compensation
	· · · · · · · · · · · · · · · · · · ·		* retarda								
2 To	tal number of independent	contractors (incli	uding	g bu	t not	limi	ted	to th	ose listed above) who		
rec	eived more than \$100,000	or compensatio	n fro	m th	ne oi	rgan	izatio	on		0	Form <b>990</b> (2024

11,70,80	CADOMUS.	Check if Schedule O cor	ntains	a response or r	ote to any line in	n this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
يَّ ق	b	Membership dues	1b	1,750	1			
Š,	c	Fundraising events	1c	17700				
E F	d	Related organizations	1d					
3,	е	Government grants (contributions)	1e		-			
ion	1	All other contributions, gifts, grants,						
d 4		and similar amounts not included above  Noncash contributions included in	1f	129,352				
i d	9	lines 1a-1f	1g	\$	100 mg			
<u>ဝို</u>	h	Total. Add lines 1a-1f			131,102			
	-			Business Code				
8	2a	• 22 000 400 400 400 400 400 400 400 400						
Program Service	b							
E 6	C							
Sala	d							
2	е							
		All other program service revenue						
	1000	Total. Add lines 2a–2f						
	3	Investment income (including dividen						
	١.	other similar amounts)			2,152	2,152		
	4	Income from investment of tax-exem			4			
	5	Royalties	·····i		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		(i) Real		(ii) Personal				
		Gross rents 6a Less: rental expenses 6b						
	b	Less: rental expenses 6b  Rental inc. or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets other than inventory 7a		(ii) Oalos	/			
e	b	Less; cost or other						
Other Revenue	-	basis and sales exps. 7b						
Se.	c	Gain or (loss) 7c						
ē		Net gain or (loss)						
동	8a	Gross income from fundraising events						
•		(not including \$	1					
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising	event	s				
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming act	ivities			21 17 17 1707		
	10a	Gross sales of inventory, less	1					
		returns and allowances	10a					
		Less: cost of goods sold	10b					
_	С	Net income or (loss) from sales of inv	entory	Business Code				
Miscellaneous Revenue	11-							
Jue	11a	•						
ella Ver	ь	*						
lisc Re	d	All other revenue						
2		Total. Add lines 11a–11d					-	
		Total revenue. See instructions			133,254	2,152	0	0
						2/102	V	U

Form 990 (2024) Wolf Paws Inc

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) ampriorations must see the section of the section of

	Check if Schedule O contains a re	enonce or note to any line	in this Dout IV	complete column (A).	
	not include amounts reported on lines 6b,		(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45,000	38,250	4,500	2,250
7	Other salaries and wages	20,000	20,000	-,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			3	A
10	December 4	3,048	3,048		
11	Fees for services (nonemployees):	3,040	3,040		
-					
b	Management				
	*	1,600		1 600	
C		1,000		1,600	wat
d		7			
e	Professional fundraising services. See Part IV, line				
1	Investment management fees	4			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,699			5,699
13	Office expenses	6,292		2,049	4,243
14	Information technology	717		717	
15	Royalties				
16	Occupancy	14,400	14,400		
17	Travel				
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	41		41	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,674	8,674		
23	Insurance	5,477	2,738	2,739	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Animal Care	16,098	16,098		
b	Intern	13,405	13,405		
C	Repairs & Maintenance	8,786	4,393	4,393	
d	Food Donations	6,105	6,105	7,393	
e	All other expenses	12,362	7,154	2,255	2 052
	Total functional expenses. Add lines 1 through 24e	167,704	134,265		2,953
	Joint costs. Complete this line only if the	107,704	134,203	18,294	15,145
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or r	ote to any line	in this Part X	(A)	т	
				Beginning of year		(B) End of year
1	Cash—non-interest-bearing			95,657	1	73,734
2	Savings and temporary cash investments		******************	33,037	2	13,134
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	***************************************	mer officer di	rector		4	
	trustee, key employee, creator or founder, substanti					
	controlled entity or family member of any of these p	ar contributor,	UI 35 /6			
6	Loans and other receivables from other disqualified	nereone (se d	ofined		5	
	under section 4958(f)(1)), and persons described in	section 4958	(c)(3)(B)			
Assets		3001011 43301	(0)(0)(0)		7	77-10-10-10-10-10-10-10-10-10-10-10-10-10-
8   §	Inventories for sale or use				-	
9	Prepaid expenses and deferred charges			8,613	8	0 (12
	a Land, buildings, and equipment: cost or other	11	••••••	0,613	9	8,613
		100	96 568			
	basis. Complete Part VI of Schedule D	10b	35,487	69,755	10-	61 001
11	Investments—nublicly traded securities	[100]	33,401	09,733		61,081
12					11	
13	11				12	
14	programme of the try line 11			3 4	13	
15				F0 000	14	20 100
16		- 00)		52,800	15	38,400
17	The state of the s	e 33)		226,825	16	181,828
18				6,842	17	2,032
19					18	
20	Deferred revenue				19	
21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part	······	·		20	
					21	
	, , , , , , , , , , , , , , , , , , , ,					
	trustee, key employee, creator or founder, substantia	of the William Contraction		60 010		
	controlled entity or family member of any of these pe	ersons		68,819	22	57,352
23	5 5 payant to unit office	third parties			23	
24	Unsecured notes and loans payable to unrelated this				24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-;			45 000		F0 F00
26	of Schedule D			45,000		50,730
20	Total liabilities. Add lines 17 through 25			120,661	26	110,114
ę	Organizations that follow FASB ASC 958, check	nere X				
27	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			53,364	27	33,314
28	Net assets with donor restrictions			52,800	28	38,400
28 29 30 31 32	Organizations that do not follow FASB ASC 958,	check he				
5	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipn	nent fund			30	
31	Retained earnings, endowment, accumulated income				31	
32	Total net assets or fund balances			106,164	32	71,714
33	Total liabilities and net assets/fund balances			226,825	33	181,828

Tom 990 (2024) WOLL Paws Inc		5-3490514			Par	ge 12
Part XI Reconciliation of Net						
Check if Schedule O cont	ains a response or note to any line in this F	Part XI				П
1 Total revenue (must equal Part VIII, co	olumn (A), line 12)		1	13	33.	254
2 Total expenses (must equal Part IX, co	Diumn (A), line 25)		2		57,	
o Revenue less expenses. Subtract line	2 from line 1	1	3		34,	
4 Net assets of fund balances at beginni	ng of year (must equal Part X, line 32, column //	A))	4	10	06,	164
5 Net unrealized gains (losses) on inves	stments		5			
6 Donated services and use of facilities		Γ	6			
	***************************************		7			
8 Prior period adjustments			8			
9 Other changes in net assets or fund ba	alances (explain on Schedule O)		9			
10 Net assets or fund balances at end of	year. Combine lines 3 through 9 (must equal Par	rt X, line		APPROXIMATION OF THE PERSON OF	-	-
32, column (B))			10	7	11,	714
Part XII Financial Statements						
Check if Schedule O conta	ains a response or note to any line in this F	art XII				
					Yes	No
1 Accounting method used to prepare the		Other				
	of accounting from a prior year or checked "Oth	er," explain on				
Schedule O.		A				
2a Were the organization's financial stater	ments compiled or reviewed by an independent	accountant?		2a		Х
	whether the financial statements for the year we	re compiled or				
reviewed on a separate basis, consolid						
Separate basis Consolidate						
b Were the organization's financial stater	ments audited by an independent accountant?			2b		X
	whether the financial statements for the year we	re audited on a				
separate basis, consolidated basis, or						
Separate basis Consolidate						
	nization have a committee that assumes respons					
	inancial statements and selection of an independent			2c		
	versight process or selection process during the	tax year, explain on				
Schedule O.						
3a As a result of a federal award, was the	organization required to undergo an audit or aud	lits as set forth in the				
Uniform Guidance, 2 C.F.R. Part 200, 5	Subpart F?			3a		X
b if "Yes," did the organization undergo the	ne required audit or audits? If the organization di	id not undergo the			T	
required audit or audits, explain why on	Schedule O and describe any steps taken to ur	ndergo such audits		3b		1
				Form	990	(2024)

#### SCHEDULE A (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2024

Name of the organization

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Wolf Paws	Inc			46-349	9051 <i>4</i>
Part I Rea	ason for Public Cha	arity Status. (All organization	ations must	comple	ete this part.) See ins	tructions.
he organization is	not a private foundation b	ecause it is: (For lines 1 through	gh 12, check o	nly one l	oox.)	a dodorio.
1 A church,	convention of churches, of	or association of churches des	cribed in secti	on 170(l	o)(1)(A)(i).	
2 A school of	described in section 170	(b)(1)(A)(ii). (Attach Schedule I	E (Form 990).)		-71-71-71-71	
A hospital	or a cooperative hospital	service organization described	d in section 1	70(b)(1)(	A)(iii).	
I ☐ A medical	research organization op	erated in conjunction with a ho	ospital describe	d in sec	tion 170(b)(1)(A)(iii). Ente	r the hospital's name
city, and s	state:					
An organiz	zation operated for the be	nefit of a college or university	owned or oper	ated by a	a governmental unit describ	ed in
	170(b)(1)(A)(iv). (Complete					
A federal, An organiz	state, or local governmen zation that normally receiv	t or governmental unit describe es a substantial part of its sup	ed in <b>section</b>	170(b)(1)	)(A)(v).	public
described	in section 1/0(b)(1)(A)(v	/i). (Complete Part II.)		VOITHINGT	car drift of front the general	public
A commun	nity trust described in sec	tion 170(b)(1)(A)(vi). (Comple	te Part II.)		A	
An agricul or universi university:	ity or a non-land-grant coll	n described in <b>section 170(b)</b> lege of agriculture (see instruct	(1)(A)(ix) open tions). Enter th	ated in c e name,	onjunction with a land-gran city, and state of the collec	t college ge or
	********************	es (1) more than 33 1/3% of it	o our nort from		<u></u>	· · · · · · · · · · · · · · · · · · ·
receipts fro	om activities related to its	exempt functions, subject to ce	ertain exception	is: and (	2) no more than 33 1/3% of	of ite
support fro	om gross investment incor	ne and unrelated business tax	able income (li	ess section	on 511 tax) from businesse	es
acquired b	y the organization after Ju	une 30, 1975. See section 50s	9(a)(2). (Comp	ete Part	III.)	
An organiz	zation organized and open	ated exclusively to test for pub	lic safety. See	section	509(a)(4).	
An organiz	zation organized and opera-	ated exclusively for the benefit	of, to perform	the funct	ions of, or to carry out the	purposes of
the box on	lines 12a through 12d that	anizations described in <b>section</b> at describes the type of suppor	ting organization	ection 5	509(a)(2). See section 509	(a)(3). Check
a Type I	. A supporting organization	n operated, supervised, or con	strolled by ite e	upported	organization(s) trainelly b	izy.
the sup	oported organization(s) the	power to regularly appoint or	elect a maiorit	v of the	directors or trustees of the	ly giving
support	ting organization. You mu	ist complete Part IV, Section	s A and B.			
b Type I	<ol> <li>A supporting organization</li> </ol>	on supervised or controlled in a	connection with	its supp	orted organization(s), by h	aving
control	or management of the su	pporting organization vested in	the same per	sons tha	t control or manage the su	pported
		plete Part IV, Sections A and				
its sup	ported organization(s) (se	<ul> <li>A supporting organization op e instructions). You must con</li> </ul>	noiete Part IV.	Section w	ith, and functionally integra	ted with,
d Type I	III non-functionally integ	rated. A supporting organization	on operated in	connecti	on with its supported organ	nization(s)
that is	not functionally integrated	<ul> <li>The organization generally m</li> </ul>	ust satisfy a d	stribution	requirement and an atten	tiveness
require	ment (see instructions). <b>Y</b>	ou must complete Part IV, S	ections A and	D, and	Part V.	
e Check	this box if the organization	n received a written determinati II non-functionally integrated s	on from the IR	S that it	is a Type I, Type II, Type I	11
f Enter the n	number of supported organ	nizations	upporting orga	nization.		
		out the supported organization	(s).			<u>L</u>
Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization	(v) Amount of monetary	(sd) A
organization		(described on lines 1-10	listed in your g	CONTRACTOR CONTRACTOR	support (see	(vi) Amount of other support (see
		above (see instructions))	documen	?	instructions)	instructions)
			Yes	No		
				- 1	9	-1
	ļ					
			4 4			
				_		
al						

	edule A (Form 990) 2024 WO	I Paws I	nc		46	<u>-3490514</u>	Page 2
	art II Support Schedule for	Organizations	Described in	n Sections 17	70(b)(1)(A)(iv)	and 170(b)(1)(	A)(vi)
	(Complete only if you ch	ecked the box	on line 5. /. c	or 8 of Part I o	r if the organiz	ation failed to d	aualify under
<u> </u>	Part III. II the organization	n fails to qual	ity under the t	ests listed beli	ow, please con	nplete Part III.)	
	ction A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")	488,645	185,831	195,102	147,379	131,102	1,148,059
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	488,645	185,831	195,102	147,379	131,102	1,148,059
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.						1,148,059
_	ndar year (or fiscal year beginning in)	(a) 2020	(h) 0004	4.1.0000	10,000		
7	Amounts from line 4	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
8	Gross income from interest, dividends,	488,645	185,831	195,102	147,379	131,102	1,148,059
·	payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,148,059
12	Gross receipts from related activities, etc	. (see instructions	:)		<u> </u>	12	2,152
13	First 5 years. If the Form 990 is for the			urth, or fifth tax ve	ear as a section 50	)1(c)(3)	2,132
	organization, check this box and stop he	re					П
Sec	tion C. Computation of Public S	support Perce	ntage				
14	Public support percentage for 2024 (line	6, column (f), divid	ded by line 11, co	lumn (f))		14	100.00%
15	Public support percentage from 2023 Sch	iedule A. Part II. I	ine 14			1 15	%
16a	33 1/3% support test — 2024. If the org	anization did not d	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qua	alifies as a publicly	supported organ	ization			X
b	,,,	anization did not o	check a box on lin	e 13 or 16a, and	line 15 is 33 1/3%	or more, check	
47-	this box and stop here. The organization	qualifies as a pu	blicly supported o	rganization			
1/a	10%-racis-and-circumstances test — 2	1024. If the organiz	zation did not che	ck a box on line 1	l3, 16a, or 16b, an	d line 14 is	
	10% or more, and if the organization mee	ets the facts-and-o	ircumstances test	, check this box	and <b>stop here.</b> Ex	plain in	
	Part VI how the organization meets the fa organization						_
b	organization 10%-facts-and-circumstances test — 2	022 If the organic	notion did not also	ale a bass and line d	10 40 40 47		
~	15 is 10% or more, and if the organization	n meets the facts	and-circumstance	e teet check this	boy and -t	a, and line	
	in Part VI how the organization meets the	facts-and-circum	stances test The	organization aug	lifies as a publish	e. Explain	
	organization	una onoun	canoo tost. He	organization qua	mice as a publicly	supported	
18	organization  Private foundation. If the organization di	d not check a box	on line 13. 16a	16b. 17a or 17h	check this boy and	 1 see	Ц
	instructions						
	***************************************				• • • • • • • • • • • • • • • • • • • •		Ц

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		tile toote note	d bolow, picac	oc complete i	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees		1-7	(4) 2022	(4) 2020	(6) 2024	(I) Total
	received. (Do not include any "unusual grants.")	488,645	185,831	195,102	147,379	131,102	1,148,059
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					2,152	2,152
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	488,645	185,831	195,102	147,379	133,254	1,150,211
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	650	5,870				6,520
	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						
C	Add lines 7a and 7b	650	5,870	1 69			6,520
8	Public support. (Subtract line 7c from line 6.)						1,143,691
	tion B. Total Support		W				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	488,645	185,831	195,102	147,379	133,254	1,150,211
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		*(0)				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						, , , , , , , , , , , , , , , , , , ,
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				7 6 9		
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	488,645	185,831	195,102	147,379	133,254	1,150,211
14	First 5 years. If the Form 990 is for the organization, check this box and stop he		, second, third, for				
Sec	tion C. Computation of Public S						
5	Public support percentage for 2024 (line	8, column (f), divid	ded by line 13, co	lumn (f))		15	99.43 %
6	Public support percentage from 2023 Sch	nedule A, Part III,	line 15			16	%
	tion D. Computation of Investm						
7	Investment income percentage for 2024	(line 10c, column	(f), divided by line	13, column (f))		17	%
	nvestment income percentage from 2023					18	%_
<b>У</b> а	33 1/3% support tests — 2024. If the or 17 is not more than 33 1/3%, check this is	oox and stop here	. The organizatio	n qualifies as a pu	ublicly supported	organization	X
b	33 1/3% support tests — 2023. If the or line 18 is not more than 33 1/3%, check t	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
20	Private foundation, If the organization d	id not check a box	k on line 14, 19a,	or 19b, check this	box and see insti	ructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box on 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

- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
•		
7		
8		
9a		
9b		
9c		
10a		
10b		

-	ouppositing of garmadions (contanted)		-	
11	Has the organization accorded a sift or restill the formation of the sign of t	Colonia	Yes	No
٠.	Has the organization accepted a gift or contribution from any of the following persons?			
٠	the state of the s			
ı	11c below, the governing body of a supported organization?	11a		
	A 25% controlled active for	11b		
(	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
6	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
4	Did the		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	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	#1/F0375011401120	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	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		
Sect	ion 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		163	140
	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		internation.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sect	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)			
	The organization satisfied the Activities Test. Complete line 2 below.	ons).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions).	
2	Activities Test, Answer lines 2a and 2b below.	ſ	Yes	No
a				
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			
	now the organization was responsive to each of its supported organizations, and how the organization determined	2a		84444,054
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2				
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	3a		W. State Co.
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ja		
~	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		
	Calcada	-I- A /	F	2024

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organ	izations	DOIT Fay
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on Nov.	20, 1970 (explain in Par	t V/). See
instructions. All other Type III non-functionally integrated supporting organi	zations must c	omplete Sections A thro	uah E.
Section A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		(cpuoridi)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	711 a	<del> </del>
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	1 1		1
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	74003 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<del>                                     </del>
Section 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	a h	
c Fair market value of other non-exempt-use assets	1c	2	
d Total (add lines 1a, 1b, and 1c)	1d		
e 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	-	
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	11		
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	and the same of	
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-functionally	integrated Typ	e III supporting organiza	tion
(see instructions)		ouppointing organiza	uon i

Pa	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	nizations (continu	ued)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported		+	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	· · · · · · · · · · · · · · · · · · ·
4	Amounts paid to acquire exempt-use assets			4	***
5	Qualified set-aside amounts (prior IRS approval required-provide	details in Part VI)	H-1-1-1	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the orga	nization is responsive		$\Box$	
	(provide details in Part VI). See instructions.	2 504 TONOSCO		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024		- 22		
а	From 2019	/ 1/1			
	From 2020	Surge N			
	From 2021				
	From 2022				
	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
į	Carryover from 2019 not applied (see instructions)				
L	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				

Schedule A (Fo	orm 990) 2024	WOLI Pa	WS 1	nc			46-	3490514		Page 8
Part VI	Supplemental	Information. Pr	ovide t	the expla	nations req	uired by Part II	line 10:	Part II line	17a or 1	17h: Part
	III, line 12; Part	IV, Section A, li	nes 1,	2, 3b, 3c	:, 4b, 4c, 5a	a. 6. 9a. 9b. 9c	. 11a. 11l	and 11c	Part IV	Section
	B, lines 1 and 2	2; Part IV, Sectio	n C. Iir	ne 1: Par	t IV. Sectio	n D. lines 2 an	d 3: Part	IV Section	F lines	1c. 2a. 2t
	3a, and 3b; Par	rt V. line 1: Part '	√. Sec	tion B. Iir	ne 1e: Part	V Section D li	nes 5 6	and 8. and	Part V	. 0, =0, =.
	Section E, lines	2, 5, and 6. Als	o com	plete this	part for a	ny additional in	formation	(See instr	uctions \	
				- Potu		.,	ionnation	(CCC IIISII	actions.	
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### SCHEDULE D (Form 990) (Rev. December 2024)

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		Employer identification number
_Wol	f Paws Inc		46-3490514
Part	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1 To	otal number at end of year		
2 A	ggregate value of contributions to (during year)		
3 A	ggregate value of grants from (during year)		77.00
4 A	ggregate value at end of year		
5 D	d the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	nds are the organization's property, subject to the organization's		Yes No
6 Di	d the organization inform all grantees, donors, and donor advisor	s in writing that grant funds can be used	l
	ly for charitable purposes and not for the benefit of the donor or		
	nferring impermissible private benefit?		Yes No
Part	Conservation Easements Complete if the organization answered "Yes" of		
1 Pt			
' 🖰	rpose(s) of conservation easements held by the organization (ch		
-	Preservation of land for public use (for example, recreation or e		
-	Preservation of open space	Preservation of a certified r	nistoric structure
2 C	Debug Control of the Indiana Control of the Control		
2 00	emplete lines 2a through 2d if the organization held a qualified conserved in the last day of the tax year.	inservation contribution in the form of a	
			Held at the End of the Tax Yea
	tal number of conservation easements		2a
b To	tal acreage restricted by conservation easements		2b
C IVI	umber of conservation easements on a certified historic structure	included on line 2a	2c
	Imber of conservation easements included on line 2c acquired aff		
on a N	a historic structure listed in the National Register umber of conservation easements modified, transferred, released	2-4	2d
the	organization during the tax year	,	
	imber of states where property subject to conservation easement		
5 Do	pes the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
vic	lations, and enforcement of the conservation easements it holds	?	Yes No
	aff and volunteer hours devoted to monitoring, inspecting, handling		
co	nversation easements during the year		
7 Ar	nount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing	
co	nservation easements during the year		\$
8 Do	es each conservation easement reported on line 2d above satisf	y the requirements of section 170(h)(4)(l	B)
(i)	and section 170(h)(4)(B)(ii)?		Yes No
9 In	Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense state	ement and balance
	eet, and include, if applicable, the text of the footnote to the orga	nization's financial statements that descr	ribes the
	panization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" o	t, Historical Treasures, or Oth n Form 990, Part IV, line 8.	er Similar Assets
1a If t	he organization elected, as permitted under FASB ASC 958, not		alance sheet works
of	art, historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of public
	vice, provide in Part XIII the text of the footnote to its financial st		
b If t	he organization elected, as permitted under FASB ASC 958, to re	eport in its revenue statement and balan	ce sheet works of
	, historical treasures, or other similar assets held for public exhib		
	ovide the following amounts relating to these items.		de de la contra de contra de la contra del la contra de la contra de la contra del la cont
-	Revenue included on Form 990, Part VIII, line 1		\$
(ii)	Assets included in Form 990, Part X		s
	he organization received or held works of art, historical treasures,	or other similar assets for financial gain	n provide the
	owing amounts required to be reported under FASB ASC 958 rel		i, provide die
a Re	venue included on Form 990 Part VIII line 1	ading to these items,	•
h Ac	venue included on Form 990, Part VIII, line 1		\$
or Pap	sets included in Form 990, Part Xerwork Reduction Act Notice, see the Instructions for Form 9	90.	Schedule D (Form 990) (Rev. 12-2024)
)AA	The state of the s		23. June 2 (1 01111 000) (Nev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)WOII					3490314	Page Z
Part III Organizations Maintaini						sets (continuea)
3 Using the organization's acquisition, acce- collection items (check all that apply).	ssion, and other reco	rds, check any of the	e following that	at make signific	ant use of its	
a Public exhibition	d $\square$	Loan or exchange p	rogram			
b Scholarly research		Other				
c Preservation for future generations			******			
4 Provide a description of the organization'	s collections and expl	ain how they further	the organizat	tion's exempt n	imose in Part	į
XIII.	o conconorio and expi	an now they faither	the organizati	ions evenibi b	uipose iii i ait	1
5 During the year, did the organization soli assets to be sold to raise funds rather th						. Yes No
Part IV Escrow and Custodial		s part of the organiz	auon's collect	JOH?		. Tes No
		o" on Form 000	Dort IV lie	00 0 0 00	rtod on om	ount on Form
Complete if the organizat	ion answered re	S On Folin 990,	, Pail IV, III	ie s, or repo	nieu an am	ount on Form
990, Part X, line 21.						
1a Is the organization an agent, trustee, cus						D. D.
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the	following table.				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year						
f Ending balance						
2a Did the organization include an amount of						Yes No
<b>b</b> If "Yes," explain the arrangement in Part						
Part V Endowment Funds	AIII. CHOOK HOLO II GIC	explanation ride be	on providual ii	ri Git / till		
Complete if the organizat	ion answered "Ve	e" on Form 990	Dart IV lis	10		
Complete if the organization		(b) Prior year	(c) Two year		Three years back	(e) Four years back
	(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	nree years back	(e) Four years back
1a Beginning of year balance						<del>-</del>
<b>b</b> Contributions						
c Net investment earnings, gains,		Part of the second				
and losses			ļ.,			
d Grants or scholarships						
e Other expenditures for facilities and	4	W)	-			
programs						
f Administrative expenses	A STATE OF THE PARTY OF THE PAR	A				
g End of year balance						<del>                                     </del>
2 Provide the estimated percentage of the	ourrent year and halo	non (line 1a nolumn	(a)) hold as:			1
a Board designated or quasi-endowment		ice (iiiie 19, coluinii	(a)) Held as.			
<b>b</b> Permanent endowment %	) -					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c						
3a Are there endowment funds not in the po	ssession of the organ	ization that are held	and administ	ered for the		G To
organization by:						Yes No
(i) Unrelated organizations?	· 		*******			. 3a(i)
(ii) Related organizations?						3a(ii)
b If "Yes" on line 3a(ii), are the related orga	anizations listed as red	quired on Schedule I	R?			3b
4 Describe in Part XIII the intended uses of	f the organization's er	ndowment funds.				
Part VI Land, Buildings, and E						= =
Complete if the organizat		s" on Form 990	Part IV. lir	ne 11a. See	Form 990	Part X. line 10
Description of property	(a) Cost or other b			(c) Accumula		(d) Book value
mgrayard outside condition to the €	(investment)	(oth		depreciatio		
1a Land				A Comment		***************************************
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment			06 5 5 5		105	
e Other			96,568		,487	61,081
Total. Add lines 1a through 1e. (Column (d) me	ust equal Form 990, P	Part X, line 10c, colu	mn (B))			61,081

	Complete if the organization answer		V, line 11b. See Form 99	00, Part X, line 12.
	<ul> <li>(a) Description of security or category</li> <li>(including name of security)</li> </ul>	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial	derivatives		Cost or end-or-year	market value
(2) Closely h	eld equity interests		<del></del>	
(3) Other				
(A)				
(C)	***************************************			
				***************************************
(F)				· · · · · · · · · · · · · · · · · · ·
. (G)				
(Ḥ)				
	nn (b) must equal Form 990, Part X, line 12, co	. (B))		
Part VIII	Investments - Program Related			
	Complete if the organization answer	ed "Yes" on Form 990, Part I	V, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)				
(6)				
(7)			<del></del>	
(8)			<del> </del>	
	nn (b) must equal Form 990, Part X, line 13, col	(PI)		
Part IX	Other Assets Complete if the organization answer	ed "Yes" on Form 990, Part IV	/, line 11d. See Form 99	0, Part X, line 15.
(1)	Donated Use of 1	leased Building		38,400
(2)	and the state of t			
(3)				
(4)				
(5)	The second secon			
(6)		No.		
(7)				
(8)	and the second of the second o			
(9)	(1) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
Part X	n (b) must equal Form 990, Part X, line 15, col.	(B))		38,400
raitA	Other Liabilities Complete if the organization answere line 25.	ed "Yes" on Form 990, Part I\	/, line 11e or 11f. See Fo	orm 990, Part X,
1.		ption of liability	T	(b) Book value
	income taxes			
	red Compensation			45,000
	t Card Payable			4,738
	ll Payable			992
(5)				
(6)	***************************************			
(7)				7.0
(8)			220020	
(9)				
	n (b) must equal Form 990, Part X, line 25, col.			50,730
Liability for	uncertain tax positions. In Part XIII, provide the	text of the footnote to the organizat	ion's financial statements that r	reports the
	liability for uncertain tax positions under FASB	ASC 740. Check here if the text of the		
DAA			Schedule D (F	orm 990) (Rev. 12-2024)

Pa	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990	ments With Revenue pe . Part IV. line 12a.	r Return
1	Total revenue, gains, and other support per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
4	Recoveries of prior year grants	2d	
u	Other (Describe in Part XIII.)	20	
2	Add lines 2a through 2d	***************************************	2e
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
D	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	mornium and make in the	4c
- D	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990.	Part IV, line 12a.	per Return
			1
	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	
G	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T) I	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C			4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part III, lines 2d and 4b. Also complete this part to provi		
• • • • •			******************************
			*******************************
		-, -	
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Schedule D (	Form 990) (Rev. 12	-202Molf Paw	s Inc		46-3490514	Page \$
Part XIII	Supplementa	-2024)olf Paw I Information (c	ontinued)		10 0170011	. ugo s
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#### SCHEDULE L

(Form 990) (Rev. December 2024) Department of the Treasury

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number Wolf Paws Inc 46-3490514 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (a) Name of interested person (c) Purpose of (f) Balance due (e) Original (g) In default? (h) Approved (i) Written to or from principal amount by board or agreement? the org.? committee? To From Yes No No Yes No Yes Notes Payable Founder President (1) Operating funds 104,395 57,352 X X (2) (3) (4) (5) (6)(7) (8) (9) (10)Total \$ 57,352 Part III Grants or Assistance Benefiting Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1) (2) (3) (4)(5) (6) (7) (8) (9)

#### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Wolf Paws Inc	46-3490514
Form 990, Part VI, Line 8b - Documentation by C There are no Committees.	ommittee Explanation
Form 990, Part VI, Line 11b - Organization's Pro Board members review the draft of Form 990 before	ocess to Review Form 990 re it is filed.
Form 990, Part VI, Line 12c - Enforcement of Con Disclosures are obtained and monitored annually.	nflicts Policy
Form 990, Part VI, Line 15a - Compensation Proce The board utilizes available data on the compens for the executive director.	ess for Top Official sation of peer organizations
Form 990, Part VI, Line 19 - Governing Document. Such documents are available to the public upon	Disclosure Explanation request.
<u> </u>	
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## Form **4562**

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 **2024** 

Attachment Sequence No. 179

Department of the Treasury
Internal Revenue Service

Name(s) shown on return Identifying number Wolf Paws Inc 46-3490514 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,220,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3,050,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2023 Form 4562

Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 10 10 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) ..... MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2024 17 8,674 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . Section B-Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C-Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations-see instructions 8,674 For assets shown above and placed in service during the current year, enter the

46-3490514

### Federal Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:  1 Historical FA Balance	1/01/20 -	96,568 96,568	Х	69,755 69,755	15 HY 150DB	26,813 26,813	8,674 8,674
Grand Totals Less: Dispositions and Transi Less: Start-up/Org Expense Net Grand Totals	iers -	96,568 0 0 96,568		69,755 0 0 69,755		26,813 0 0 26,813	8,674 0 0 8,674

46-3490514

# Bonus Depreciation Report Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr	
1	Historical FA Balance	1/01/20	96,568		0	0	26,813	69,755	
		Grand Total	96,568		0	0	26,813	69,755	

46-349	10514	D	eprecia Al	ition Ad I Busines	ljustment ss Activitie	Report	
Form III	-4 Accet		Dintion		T-v	2147	AMT Adjustments/ Preferences
Form Ur	nit Asset	There are no	Description assets that med	eet the criteria of	Tax of this report	AMT	 Preferences
						ds.	
						20 3	
					7		

46-3490514

# Future Depreciation Report FYE: 12/31/25 Form 990, Page 1

i:					
Asset	Description	Date In Service	Cost	Tax	AMT
Prior N	MACRS:				
1	Historical FA Balance	1/01/20	96,568	6,108	0
			96,568	6,108	0
	Grand Totals		96,568	6,108	0



Porm 990. Part IX. Line 246 - All Other Expenses   Program	46-3490514	Feder	Federal Statements	ments		
Total Program Management & Service Ser		Form 990. Part IX.	Line 24e - /	All Other Expenses		
\$ 3,942 \$ 2,956 \$ 986 \$ 2,783		Tota Expens	ses	Program Service	Management &	Fund
$\frac{1,127}{142}$ $\frac{60}{60}$ $\frac{5}{12,362}$ $\frac{7}{7,154}$ $\frac{5}{142}$ $\frac{7}{142}$	Utilities Taxes & Licenses Auto Supplies		3,942 2,953 2,783 1,355		5	
27.25	Dues & Subscriptions Training Total		127 142 60 362			
			200	1,	2,	\$ 2,953
				6		
			2			
		**		4		

46-3490514 Federal Statements	
Schedule A. Part II. Line 1(e)	
	Amount
Membership Dues and Assessments Maxine Beige	\$ 1,750
Cash Contribution The Leslie L. Alexander Foundation	20,000
Villiam R. Morgan	50,000
Total	\$ 131,102
Schedule A. Part II, Line 12 - Current year	
Description	\$01.100mV
Taxable Interest on Savings and Temporary Cash Investments Total	\$ 2,152 \$ 2,152
Schedule A. Part III, Line 1(e)	
Description	Amount
Membership Dues and Assessments	\$ 1,750
Cash Contribution The Leslie L. Alexander Foundation	20,000
Cash Contribution William R. Morgan Cash Contribution	50,000
Total	7,660 \$ 131,102

46-3490514 Federal St	Statements
Schedule A, Part III, Line 2(e)	
Taxable Interest on Savings and Temporary Cash Investments Total	Amount \$ 2,152 \$ 2,152
Schedule A. Part III. Line 7a - Sup	Part III. Line 7a - Support from Disqualified Persons
	\$
	5,870 \$ 0 \$ 0 \$