

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

Texas Wildlife Rehabilitation Coalition Inc. **74-2130258**

Net Asset / Fund Balance at Beginning of Year 303,713

Revenue

Contributions	408,530
Program service revenue	19,471
Investment income	158
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	5,811

Total revenue 433,970

Expenses

Program services	366,851
Management and general	87,800
Fundraising	9,319

Total expenses 463,970

Excess / (deficit) -30,000

Changes

Net Asset / Fund Balance at End of Year 273,713

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	433,970

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	463,970

Balance Sheet

	Beginning	Ending	Differences
Assets	311,549	283,633	
Liabilities	7,836	9,920	
Net assets	303,713	273,713	-30,000

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/20
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 2019, and ending 20

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

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

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Texas Wildlife Rehabilitation Coalition Inc.

Employer identification number

74-2130258

Name and title of officer

**Sydney Free
Treasurer**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	433,970
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Moore & Botzong CPAs, PLLC** to enter my PIN **77043** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **09/24/20**

Part III Certification and Authentication

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

79546392352

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Pamela K Moore CPA**

Date } **09/24/20**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**
 (Rev. January 2020)
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047
2019
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Texas Wildlife Rehabilitation Coalition Inc.**
 Doing business as **TWRC Wildlife Center**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10801 Hammerly Blvd #200
 City or town, state or province, country, and ZIP or foreign postal code
Houston TX 77043-1924

D Employer identification number
74-2130258

E Telephone number
713-468-8972

G Gross receipts \$ **437,868**

F Name and address of principal officer:
Sydney Free
10801 Hammerly Blvd #200
Houston TX 77043

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **www.twrcwildlifecenter.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **TX**

H(c) Group exemption number **U**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	524
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	370,227	408,530
	9 Program service revenue (Part VIII, line 2g)	45,549	19,471
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131	158
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,943	5,811
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,850	433,970
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		206,882	263,194
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 9,319			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		212,476	200,776
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	419,358	463,970	
19 Revenue less expenses. Subtract line 18 from line 12	-1,508	-30,000	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 311,549	End of Year 283,633
	21 Total liabilities (Part X, line 26)	7,836	9,920
	22 Net assets or fund balances. Subtract line 21 from line 20	303,713	273,713

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Sydney Free** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer Use Only

Print/Type preparer's name: **Pamela K Moore CPA** Preparer's signature: **Pamela K Moore CPA** Date: **09/24/20** Check if self-employed PTIN: **P00078311**

Firm's name: **Moore & Botzong CPAs, PLLC** Firm's EIN: **46-3690002**
 Firm's address: **9432 Katy Freeway Suite 380 Houston, TX 77055** Phone no.: **713-789-5293**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **366,851** including grants of\$) (Revenue \$ **19,471**)

The Organization administers and cares for approximately 5,000 urban wildlife in their emergency facility annually. Additionally, the organization holds public programs and internal training and development programs.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 366,851**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country U See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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 Form 1041?		
	12a		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		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.		
1b	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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?		X
10b	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?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15a	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? a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	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

- 17** List the states with which a copy of this Form 990 is required to be filed **uNone**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

Mary Warwick **10801 Hammerly Blvd #200**
Houston **TX 77043** **713-468-8972**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Roslyn Even Director	2.00 0.00	X						0	0	0
(2) Sydney Free Treasurer	2.00 0.00	X		X				0	0	0
(3) Jeannie Gresko Vice President	2.00 0.00	X		X				0	0	0
(4) Cheryl Meyer-Conley President	2.00 0.00	X		X				0	0	0
(5) Terry Rooney Secretary	2.00 0.00	X						0	0	0
(6) Richard Dang Treasurer	0.00 0.00			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	34,720				
	c Fundraising events	1c	68,994				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	304,816				
	g Noncash contributions included in lines 1a-1f	1g	\$ 37,015				
	h Total. Add lines 1a-1f		u 408,530				
Program Service Revenue	2a Education Program	Business Code	900099	16,471	16,471		
	b Animals Program		611600	3,000	3,000		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		u 19,471				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		u 158			158	
	4 Income from investment of tax-exempt bond proceeds		u				
	5 Royalties		u				
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)		u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ 68,994 of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	10a		9,674				
b Less: cost of goods sold	10b		3,898				
c Net income or (loss) from sales of inventory		u 5,776	5,776				
Miscellaneous Revenue	11a Miscellaneous income	Business Code		35		35	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		u 35				
12 Total revenue. See instructions		u 433,970	25,247	0	193		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	41,979		41,979	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	202,118	202,118		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,097	15,886	3,211	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,000		4,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,445		4,445	
12 Advertising and promotion	1,117			1,117
13 Office expenses	28,133	8,873	11,058	8,202
14 Information technology	18,289	9,911	8,378	
15 Royalties				
16 Occupancy	64,888	51,910	12,978	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,150	2,150		
23 Insurance	8,754	7,003	1,751	
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.)				
a Program Service goods	37,015	37,015		
b Animal Supplies & Food	14,255	14,255		
c Vet Room	10,818	10,818		
d Rehabilitation Program	3,319	3,319		
e All other expenses	3,593	3,593		
25 Total functional expenses. Add lines 1 through 24e	463,970	366,851	87,800	9,319
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	98,462	1	66,089
	2 Savings and temporary cash investments	163,571	2	163,729
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	33,889	4	40,347
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,578	8	2,366
	9 Prepaid expenses and deferred charges	3,636	9	3,839
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,467		
	b Less: accumulated depreciation	10b 121,011	6,606	10c 4,456
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,807	15	2,807
16 Total assets. Add lines 1 through 15 (must equal line 33)	311,549	16	283,633	
Liabilities	17 Accounts payable and accrued expenses	7,836	17	9,920
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,836	26	9,920
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	303,713	27	273,713
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	303,713	32	273,713
33 Total liabilities and net assets/fund balances	311,549	33	283,633	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	433,970
2	Total expenses (must equal Part IX, column (A), line 25)	2	463,970
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	303,713
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	273,713

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

⌵ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **Texas Wildlife Rehabilitation Coalition Inc.** Employer identification number **74-2130258**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	258,780	361,559	431,310	370,227	408,531	1,830,407
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	258,780	361,559	431,310	370,227	408,531	1,830,407
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.						1,830,407

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	258,780	361,559	431,310	370,227	408,531	1,830,407
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	302		139	131	193	765
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						1,831,172
12 Gross receipts from related activities, etc. (see instructions)					12	172,037
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.96 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.94 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
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	
c	Fair market value of other non-exempt-use assets	1c	
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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

⤵ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ⤵ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Texas Wildlife Rehabilitation Coalition Inc.	Employer identification number 74-2130258
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

Texas Wildlife Rehabilitation**74-2130258****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ray & June Smith Charitable Trust Ms C. Haney TTEE 355 N Post Oak Lane, #834 Houston TX 77024	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	H-E-B PO Box 839944 San Antonio TX 78283	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Mary Marquardsen 14110 Carolcrest Cir Houston TX 77079	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Arthur & Ellen Williford 32803 Wenttworth Cir Fulshear TX 77441	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	P Twenty-One Foundation PO Box 27883 Houston TX 77227	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Thomas Johnson 20634 Cranfield Dr Katy TX 77450	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **Texas Wildlife Rehabilitation** Employer identification number **74-2130258**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Diane Neustadter 16311 Longvale Dr Houston TX 77059	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Albert & Ethel Herzstein Charitable Foundation 6131 Westview Dr Houston TX 77055	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Harry&Isabel Cameron Foundation c/o Sentinel Trust Company, LBA 2001 Kirby Dr, Suite 1200 Houston TX 77079	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Texas Wildlife Rehabilitation Coalition Inc.

Employer identification number

74-2130258

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 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 | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		125,467	121,011	4,456
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	u			4,456

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... u		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

**Texas Wildlife Rehabilitation
Coalition Inc.**

Employer identification number

74-2130258

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Fundraising		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	68,994			68,994
	2 Less: Contributions	68,994			68,994
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u**\$ and the amount of gaming revenue retained by the third party **u**\$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u**\$

Description of services provided **u**

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u**\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Name of the organization

**Texas Wildlife Rehabilitation
Coalition Inc.**

Employer identification number

74-2130258

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <input type="checkbox"/> ()				
26 Other <input checked="" type="checkbox"/> (IN KIND PRG MAT)	X	1	37,015	
27 Other <input type="checkbox"/> ()				
28 Other <input type="checkbox"/> ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

⓪ Attach to Form 990 or 990-EZ.

⓪ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**Name of the organization **Texas Wildlife Rehabilitation
Coalition Inc.**Employer identification number
74-2130258**Form 990 - Organization's Mission**

To promote environmental conservation through public education and
rehabilitation of Texas wildlife.

Services provided by TWRC Wildlife Center include an emergency room for
injured, ill, and orphaned wildlife, as well as a help-line; both the
emergency room and the help-line operate 7 days a week. Our competent and
experienced volunteers and staff facilitate initial triage, rehabilitation,
release, and education.

Form 990, Part III, Line 4d - All Other Accomplishments

Contract work

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

An outside accounting firm prepares the Form 990, the treasurer reviews the
return and signs.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annually each director, officer, employee and volunteer shall complete a
disclosure form identifying any relationships, positions or circumstances
in which he/she is involved that he or she believes could contribute to a
Conflict of Interest. Such relationships, positions or circumstances might
include service as a director of or consultant to another nonprofit
organization, or ownership of a business that might provide goods or
services to TWRC. Any such information regarding the business interests of
a director, officer, employee or volunteer, or a Family Member thereof,

Name of the organization

Employer identification number

Texas Wildlife Rehabilitation

74-2130258

shall be treated as confidential and shall generally be made available only to the Chairperson of the Board, the Executive Director, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of the Policy. This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated to all staff and volunteers.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
U Attach to your tax return.

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

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return **Texas Wildlife Rehabilitation Coalition Inc.**

Identifying number
74-2130258

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,237

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	932
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,169
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Texas Wildlife Rehabilitation

74-2130258

Form 4562 (2019)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
2015 Subaru Forester \$729											
	08/23/18	100.00 %	22,179	4,179	5.0	200DBHY					
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

74-2130258

Federal Asset Report

FYE: 12/31/2019 Mth: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
1	Incubators	4/03/04	3,400		X	1,700	5	HY 200DB	3,400	0
2	HP Laser Printer	2/15/05	300			300	5	HY 200DB	300	0
3	Nicol Scale	3/06/06	763			763	5	HY 200DB	763	0
4	Laptop computer	8/31/06	400			400	5	HY 200DB	400	0
5	Phone System	4/30/08	3,347		X	1,673	7	HY 200DB	3,347	0
6	Otoscope	5/05/08	565		X	282	5	HY 200DB	565	0
7	Cabinets	8/26/08	1,278		X	639	15	HY 150DB	997	63
8	Utility Sink	8/27/08	565		X	282	5	HY 200DB	565	0
9	3 Bowl Sink	8/28/08	736		X	368	5	HY 200DB	736	0
10	Generator	10/15/08	835		X	417	5	HY 200DB	835	0
11	40 Meeting rooms chairs	11/12/08	824		X	412	5	HY 200DB	824	0
13	BBP Countertops	4/03/09	2,613			2,613	15	HY S/L	1,930	174
14	Ikea Furniture	5/04/09	1,378		X	689	5	HY 200DB	1,378	0
16	Incubator	3/03/11	500		X	0	5	HY 200DB	500	0
20	Asus Desktop PC	2/01/12	680		X	340	5	HY 200DB	680	0
21	Asus Desktop PC	2/01/12	680		X	340	5	HY 200DB	680	0
22	Laminator	3/11/12	305		X	152	7	HY 200DB	291	14
23	Computer - Marvin	4/10/12	550		X	275	5	HY 200DB	550	0
25	Table Saw	6/01/12	200		X	100	7	HY 200DB	191	9
26	Kitchen Aid Processor	7/17/12	200		X	100	7	HY 200DB	191	9
27	13 Inch Pouch Laminator	9/30/12	470		X	235	7	HY 200DB	449	21
28	Freezer - woodlands	9/30/12	200		X	100	7	HY 200DB	191	9
29	Brother Printer	10/08/12	335		X	167	5	HY 200DB	335	0
30	HP Printer	10/31/12	678		X	339	5	HY 200DB	678	0
31	Micoscope	12/16/12	115		X	57	7	HY 200DB	110	5
32	21.5 Inch Asus Monitor	12/21/12	145		X	72	5	HY 200DB	145	0
33	Lenevo PC	1/31/13	400		X	200	5	HY 200DB	400	0
34	Miami Vice Restraint	5/28/13	289		X	144	7	HY 200DB	250	26
35	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
36	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
37	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
38	Computer Server	7/01/13	2,910		X	1,455	5	HY 200DB	2,910	0
39	Washer	7/04/13	909		X	454	7	HY 200DB	787	81
40	Computer Equipment	7/25/13	658		X	329	5	HY 200DB	658	0
41	Furniture - ikea	9/30/13	187		X	93	7	HY 200DB	162	17
48	Dell PowerEdge T320 Tower-Server	2/20/17	692		X	346	5	HY 200DB	526	66
49	Phone System from Oscar Aguirre	9/22/17	5,000		X	2,500	7	HY 200DB	3,469	438
			<u>34,007</u>			<u>18,786</u>			<u>31,093</u>	<u>932</u>
Other Depreciation:										
12	Ikea Cabinets and Fixtures	12/31/08	15,637			15,637	15	MO S/L	12,821	1,043
15	Computer - Scarlett	1/24/11	450			450	5	MO S/L	450	0
17	Digital X-Ray	5/18/11	46,366			46,366	7	MO S/L	46,366	0
18	Freezer	6/15/11	561			561	7	MO S/L	561	0
19	Server	9/30/11	3,472			3,472	5	MO S/L	3,472	0
24	Software Upgrade	5/01/12	845			845	3	MO S/L	845	0
42	Monitor	5/02/14	175			175	5	MO S/L	158	17
43	Computer - Bird room	6/27/14	330			330	5	MO S/L	297	33
44	Bend Chair	3/05/15	119			119	7	MO S/L	60	17
45	Chair	3/30/15	90			90	7	MO S/L	45	12
46	Sink, counter, Faucet	8/14/13	998			998	15	MO S/L	366	67
47	Computer	12/31/15	239			239	5	MO S/L	143	48
	Total Other Depreciation		<u>69,282</u>			<u>69,282</u>			<u>65,584</u>	<u>1,237</u>
	Total ACRS and Other Depreciation		<u>69,282</u>			<u>69,282</u>			<u>65,584</u>	<u>1,237</u>
Listed Property:										
50	2015 Subaru Forester 5729	8/23/18	22,179		X	4,179	5	HY 200DB	22,179	0
			<u>22,179</u>			<u>4,179</u>			<u>22,179</u>	<u>0</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		125,468			92,247		118,856	2,169
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>125,468</u>			<u>92,247</u>		<u>118,856</u>	<u>2,169</u>

74-2130258

TX Asset Report

FYE: 12/31/2019 Mth: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
Prior MACRS:								
1	Incubators	4/03/04	3,400	3,400	3,400	0	0	0
2	HP Laser Printer	2/15/05	300	300	300	0	0	0
3	Nicol Scale	3/06/06	763	763	763	0	0	0
4	Laptop computer	8/31/06	400	400	400	0	0	0
5	Phone System	4/30/08	3,347	3,347	3,347	0	0	0
6	Otoscope	5/05/08	565	565	565	0	0	0
7	Cabinets	8/26/08	1,278	1,278	997	63	63	0
8	Utility Sink	8/27/08	565	565	565	0	0	0
9	3 Bowl Sink	8/28/08	736	736	736	0	0	0
10	Generator	10/15/08	835	835	835	0	0	0
11	40 Meeting rooms chairs	11/12/08	824	824	824	0	0	0
13	BBP Countertops	4/03/09	2,613	2,613	1,930	174	174	0
14	Ikea Furniture	5/04/09	1,378	1,378	1,378	0	0	0
16	Incubator	3/03/11	500	500	500	0	0	0
20	Asus Desktop PC	2/01/12	680	680	680	0	0	0
21	Asus Desktop PC	2/01/12	680	680	680	0	0	0
22	Laminator	3/11/12	305	305	291	14	14	0
23	Computer - Marvin	4/10/12	550	550	550	0	0	0
25	Table Saw	6/01/12	200	200	191	9	9	0
26	Kitchen Aid Processor	7/17/12	200	200	191	9	9	0
27	13 Inch Pouch Laminator	9/30/12	470	470	449	21	21	0
28	Freezer - woodlands	9/30/12	200	200	191	9	9	0
29	Brother Printer	10/08/12	335	335	335	0	0	0
30	HP Printer	10/31/12	678	678	678	0	0	0
31	Micoscope	12/16/12	115	115	110	5	5	0
32	21.5 Inch Asus Monitor	12/21/12	145	145	145	0	0	0
33	Lenevo PC	1/31/13	400	400	400	0	0	0
34	Miami Vice Restraint	5/28/13	289	289	250	26	26	0
35	Printer	6/30/13	300	300	300	0	0	0
36	Printer	6/30/13	300	300	300	0	0	0
37	Printer	6/30/13	300	300	300	0	0	0
38	Computer Server	7/01/13	2,910	2,910	2,910	0	0	0
39	Washer	7/04/13	909	909	787	81	81	0
40	Computer Equipment	7/25/13	658	658	658	0	0	0
41	Furniture - ikea	9/30/13	187	187	162	17	17	0
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	692	360	132	66	-66
49	Phone System from Oscar Aguirre	9/22/17	5,000	5,000	1,939	874	438	-436
			<u>34,007</u>	<u>34,007</u>	<u>29,397</u>	<u>1,434</u>	<u>932</u>	<u>-502</u>
Other Depreciation:								
12	Ikea Cabinets and Fixtures	12/31/08	15,637	15,637	12,821	1,043	1,043	0
15	Computer - Scarlett	1/24/11	450	450	450	0	0	0
17	Digital X-Ray	5/18/11	46,366	46,366	46,366	0	0	0
18	Freezer	6/15/11	561	561	561	0	0	0
19	Server	9/30/11	3,472	3,472	3,472	0	0	0
24	Software Upgrade	5/01/12	845	845	845	0	0	0
42	Monitor	5/02/14	175	175	158	17	17	0
43	Computer - Bird room	6/27/14	330	330	297	33	33	0
44	Bend Chair	3/05/15	119	119	60	17	17	0
45	Chair	3/30/15	90	90	45	12	12	0
46	Sink, counter, Faucet	8/14/13	998	998	366	67	67	0
47	Computer	12/31/15	239	239	143	48	48	0
	Total Other Depreciation		<u>69,282</u>	<u>69,282</u>	<u>65,584</u>	<u>1,237</u>	<u>1,237</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>69,282</u>	<u>69,282</u>	<u>65,584</u>	<u>1,237</u>	<u>1,237</u>	<u>0</u>
Listed Property:								
50	2015 Subaru Forester 5729	8/23/18	22,179	22,179	22,179	0	0	0
			<u>22,179</u>	<u>22,179</u>	<u>22,179</u>	<u>0</u>	<u>0</u>	<u>0</u>

TX Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
	Grand Totals		125,468	125,468	117,160	2,671	2,169	-502
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>125,468</u>	<u>125,468</u>	<u>117,160</u>	<u>2,671</u>	<u>2,169</u>	<u>-502</u>

74-2130258

AMT Asset Report

FYE: 12/31/2019 Mth: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
1	Incubators	4/03/04	3,400		X	1,700	5	HY 200DB	3,400	0
2	HP Laser Printer	2/15/05	300			300	5	HY 150DB	300	0
3	Nicol Scale	3/06/06	763			763	5	HY 150DB	763	0
4	Laptop computer	8/31/06	400			400	5	HY 150DB	400	0
5	Phone System	4/30/08	3,347		X	1,673	7	HY 200DB	3,347	0
6	Otoscope	5/05/08	565		X	282	5	HY 200DB	565	0
7	Cabinets	8/26/08	1,278		X	639	15	HY 150DB	1,263	3
8	Utility Sink	8/27/08	565		X	282	5	HY 200DB	565	0
9	3 Bowl Sink	8/28/08	736		X	368	5	HY 200DB	736	0
10	Generator	10/15/08	835		X	417	5	HY 200DB	835	0
11	40 Meeting rooms chairs	11/12/08	824		X	412	5	HY 200DB	824	0
13	BBP Countertops	4/03/09	2,613			2,613	15	HY S/L	1,655	174
14	Ikea Furniture	5/04/09	1,378		X	689	5	HY 200DB	1,378	0
16	Incubator	3/03/11	500		X	0	5	HY 200DB	500	0
20	Asus Desktop PC	2/01/12	680		X	340	5	HY 200DB	680	0
21	Asus Desktop PC	2/01/12	680		X	340	5	HY 200DB	680	0
22	Laminator	3/11/12	305		X	152	7	HY 200DB	291	14
23	Computer - Marvin	4/10/12	550		X	275	5	HY 200DB	550	0
25	Table Saw	6/01/12	200		X	100	7	HY 200DB	191	9
26	Kitchen Aid Processor	7/17/12	200		X	100	7	HY 200DB	191	9
27	13 Inch Pouch Laminator	9/30/12	470		X	235	7	HY 200DB	449	21
28	Freezer - woodlands	9/30/12	200		X	100	7	HY 200DB	191	9
29	Brother Printer	10/08/12	335		X	167	5	HY 200DB	335	0
30	HP Printer	10/31/12	678		X	339	5	HY 200DB	678	0
31	Micoscope	12/16/12	115		X	57	7	HY 200DB	110	5
32	21.5 Inch Asus Monitor	12/21/12	145		X	72	5	HY 200DB	145	0
33	Lenevo PC	1/31/13	400		X	200	5	HY 200DB	400	0
34	Miami Vice Restraint	5/28/13	289		X	144	7	HY 200DB	250	26
35	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
36	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
37	Printer	6/30/13	300		X	150	5	HY 200DB	300	0
38	Computer Server	7/01/13	2,910		X	1,455	5	HY 200DB	2,910	0
39	Washer	7/04/13	909		X	454	7	HY 200DB	787	81
40	Computer Equipment	7/25/13	658		X	329	5	HY 200DB	658	0
41	Furniture - ikea	9/30/13	187		X	93	7	HY 200DB	162	17
48	Dell PowerEdge T320 Tower-Server	2/20/17	692		X	346	5	HY 200DB	526	66
49	Phone System from Oscar Aguirre	9/22/17	5,000		X	2,500	7	HY 200DB	3,469	438
			<u>34,007</u>			<u>18,786</u>			<u>31,084</u>	<u>872</u>
Other Depreciation:										
12	Ikea Cabinets and Fixtures	12/31/08	15,637			15,637	15	MO S/L	13,072	1,042
15	Computer - Scarlett	1/24/11	450			450	5	MO S/L	450	0
17	Digital X-Ray	5/18/11	46,366			46,366	7	MO S/L	46,366	0
18	Freezer	6/15/11	561			561	7	MO S/L	561	0
19	Server	9/30/11	3,472			3,472	5	MO S/L	3,472	0
24	Software Upgrade	5/01/12	845			845	3	MO S/L	845	0
42	Monitor	5/02/14	175			175	5	MO S/L	158	17
43	Computer - Bird room	6/27/14	330			330	5	MO S/L	297	33
44	Bend Chair	3/05/15	119			119	7	MO S/L	60	17
45	Chair	3/30/15	90			90	7	MO S/L	45	12
46	Sink, counter, Faucet	8/14/13	998			998	15	MO S/L	366	67
47	Computer	12/31/15	239			239	5	MO S/L	143	48
	Total Other Depreciation		<u>69,282</u>			<u>69,282</u>			<u>65,835</u>	<u>1,236</u>
	Total ACRS and Other Depreciation		<u>69,282</u>			<u>69,282</u>			<u>65,835</u>	<u>1,236</u>
Listed Property:										
50	2015 Subaru Forester 5729	8/23/18	22,179		X	4,179	5	HY 200DB	18,000	1,672
			<u>22,179</u>			<u>4,179</u>			<u>18,000</u>	<u>1,672</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		125,468			92,247		114,919	3,780
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>125,468</u>			<u>92,247</u>		<u>114,919</u>	<u>3,780</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Incubators	4/03/04	3,400		0	0	1,700	1,700
5	Phone System	4/30/08	3,347		0	0	1,674	1,673
6	Otoscope	5/05/08	565		0	0	283	282
7	Cabinets	8/26/08	1,278		0	0	639	639
8	Utility Sink	8/27/08	565		0	0	283	282
9	3 Bowl Sink	8/28/08	736		0	0	368	368
10	Generator	10/15/08	835		0	0	418	417
11	40 Meeting rooms chairs	11/12/08	824		0	0	412	412
14	Ikea Furniture	5/04/09	1,378		0	0	689	689
16	Incubator	3/03/11	500		0	0	500	0
20	Asus Desktop PC	2/01/12	680		0	0	340	340
21	Asus Desktop PC	2/01/12	680		0	0	340	340
22	Laminator	3/11/12	305		0	0	153	152
23	Computer - Marvin	4/10/12	550		0	0	275	275
25	Table Saw	6/01/12	200		0	0	100	100
26	Kitchen Aid Processor	7/17/12	200		0	0	100	100
27	13 Inch Pouch Laminator	9/30/12	470		0	0	235	235
28	Freezer - woodlands	9/30/12	200		0	0	100	100
29	Brother Printer	10/08/12	335		0	0	168	167
30	HP Printer	10/31/12	678		0	0	339	339
31	Micoscope	12/16/12	115		0	0	58	57
32	21.5 Inch Asus Monitor	12/21/12	145		0	0	73	72
33	Lenevo PC	1/31/13	400		0	0	200	200
34	Miami Vice Restraint	5/28/13	289		0	0	145	144
35	Printer	6/30/13	300		0	0	150	150
36	Printer	6/30/13	300		0	0	150	150
37	Printer	6/30/13	300		0	0	150	150
38	Computer Server	7/01/13	2,910		0	0	1,455	1,455
39	Washer	7/04/13	909		0	0	455	454
40	Computer Equipment	7/25/13	658		0	0	329	329
41	Furniture - ikea	9/30/13	187		0	0	94	93
48	Dell PowerEdge T320 Tower-Server	2/20/17	692		0	0	346	346
49	Phone System from Oscar Aguirre	9/22/17	5,000		0	0	2,500	2,500
50	2015 Subaru Forester 5729	8/23/18	22,179	100	0	0	18,000	4,179
Grand Total			<u>52,110</u>		<u>0</u>	<u>0</u>	<u>33,221</u>	<u>18,889</u>

74-2130258

Depreciation Adjustment ReportFYE: 12/31/2019 Mth: 12/31/2019 **All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Incubators	0	0	0
Page 1	1	2	HP Laser Printer	0	0	0
Page 1	1	3	Nicol Scale	0	0	0
Page 1	1	4	Laptop computer	0	0	0
Page 1	1	5	Phone System	0	0	0
Page 1	1	6	Otoscope	0	0	0
Page 1	1	7	Cabinets	63	3	60
Page 1	1	8	Utility Sink	0	0	0
Page 1	1	9	3 Bowl Sink	0	0	0
Page 1	1	10	Generator	0	0	0
Page 1	1	11	40 Meeting rooms chairs	0	0	0
Page 1	1	13	BBP Countertops	174	174	0
Page 1	1	14	Ikea Furniture	0	0	0
Page 1	1	16	Incubator	0	0	0
Page 1	1	20	Asus Desktop PC	0	0	0
Page 1	1	21	Asus Desktop PC	0	0	0
Page 1	1	22	Laminator	14	14	0
Page 1	1	23	Computer - Marvin	0	0	0
Page 1	1	25	Table Saw	9	9	0
Page 1	1	26	Kitchen Aid Processor	9	9	0
Page 1	1	27	13 Inch Pouch Laminator	21	21	0
Page 1	1	28	Freezer - woodlands	9	9	0
Page 1	1	29	Brother Printer	0	0	0
Page 1	1	30	HP Printer	0	0	0
Page 1	1	31	Micoscope	5	5	0
Page 1	1	32	21.5 Inch Asus Monitor	0	0	0
Page 1	1	33	Lenevo PC	0	0	0
Page 1	1	34	Miami Vice Restraint	26	26	0
Page 1	1	35	Printer	0	0	0
Page 1	1	36	Printer	0	0	0
Page 1	1	37	Printer	0	0	0
Page 1	1	38	Computer Server	0	0	0
Page 1	1	39	Washer	81	81	0
Page 1	1	40	Computer Equipment	0	0	0
Page 1	1	41	Furniture - ikea	17	17	0
Page 1	1	48	Dell PowerEdge T320 Tower-Server	66	66	0
Page 1	1	49	Phone System from Oscar Aguirre	438	438	0
Page 1	1	50	2015 Subaru Forester 5729	0	1,672	-1,672
				<u>932</u>	<u>2,544</u>	<u>-1,612</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Incubators	4/03/04	3,400	0	0
2	HP Laser Printer	2/15/05	300	0	0
3	Nicol Scale	3/06/06	763	0	0
4	Laptop computer	8/31/06	400	0	0
5	Phone System	4/30/08	3,347	0	0
6	Otoscope	5/05/08	565	0	0
7	Cabinets	8/26/08	1,278	62	4
8	Utility Sink	8/27/08	565	0	0
9	3 Bowl Sink	8/28/08	736	0	0
10	Generator	10/15/08	835	0	0
11	40 Meeting rooms chairs	11/12/08	824	0	0
13	BBP Countertops	4/03/09	2,613	174	174
14	Ikea Furniture	5/04/09	1,378	0	0
16	Incubator	3/03/11	500	0	0
20	Asus Desktop PC	2/01/12	680	0	0
21	Asus Desktop PC	2/01/12	680	0	0
22	Laminator	3/11/12	305	0	0
23	Computer - Marvin	4/10/12	550	0	0
25	Table Saw	6/01/12	200	0	0
26	Kitchen Aid Processor	7/17/12	200	0	0
27	13 Inch Pouch Laminator	9/30/12	470	0	0
28	Freezer - woodlands	9/30/12	200	0	0
29	Brother Printer	10/08/12	335	0	0
30	HP Printer	10/31/12	678	0	0
31	Micoscope	12/16/12	115	0	0
32	21.5 Inch Asus Monitor	12/21/12	145	0	0
33	Lenevo PC	1/31/13	400	0	0
34	Miami Vice Restraint	5/28/13	289	13	13
35	Printer	6/30/13	300	0	0
36	Printer	6/30/13	300	0	0
37	Printer	6/30/13	300	0	0
38	Computer Server	7/01/13	2,910	0	0
39	Washer	7/04/13	909	41	41
40	Computer Equipment	7/25/13	658	0	0
41	Furniture - ikea	9/30/13	187	8	8
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	40	40
49	Phone System from Oscar Aguirre	9/22/17	5,000	312	312
			<u>34,007</u>	<u>650</u>	<u>592</u>

Other Depreciation:

12	Ikea Cabinets and Fixtures	12/31/08	15,637	1,042	1,043
15	Computer - Scarlett	1/24/11	450	0	0
17	Digital X-Ray	5/18/11	46,366	0	0
18	Freezer	6/15/11	561	0	0
19	Server	9/30/11	3,472	0	0
24	Software Upgrade	5/01/12	845	0	0
42	Monitor	5/02/14	175	0	0
43	Computer - Bird room	6/27/14	330	0	0
44	Bend Chair	3/05/15	119	17	17
45	Chair	3/30/15	90	13	13
46	Sink, counter, Faucet	8/14/13	998	66	66
47	Computer	12/31/15	239	48	48
	Total Other Depreciation		<u>69,282</u>	<u>1,186</u>	<u>1,187</u>

Total ACRS and Other Depreciation

<u>69,282</u>	<u>1,186</u>	<u>1,187</u>
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Listed Property:

50	2015 Subaru Forester 5729	8/23/18	22,179	0	1,003
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Future Depreciation Report **FYE: 12/31/20**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>22,179</u>	<u>0</u>	<u>1,003</u>
	Grand Totals		<u>125,468</u>	<u>1,836</u>	<u>2,782</u>

Asset	Description	Date In Service	Cost	TX
Prior MACRS:				
1	Incubators	4/03/04	3,400	0
2	HP Laser Printer	2/15/05	300	0
3	Nicol Scale	3/06/06	763	0
4	Laptop computer	8/31/06	400	0
5	Phone System	4/30/08	3,347	0
6	Otoscope	5/05/08	565	0
7	Cabinets	8/26/08	1,278	62
8	Utility Sink	8/27/08	565	0
9	3 Bowl Sink	8/28/08	736	0
10	Generator	10/15/08	835	0
11	40 Meeting rooms chairs	11/12/08	824	0
13	BBP Countertops	4/03/09	2,613	174
14	Ikea Furniture	5/04/09	1,378	0
16	Incubator	3/03/11	500	0
20	Asus Desktop PC	2/01/12	680	0
21	Asus Desktop PC	2/01/12	680	0
22	Laminator	3/11/12	305	0
23	Computer - Marvin	4/10/12	550	0
25	Table Saw	6/01/12	200	0
26	Kitchen Aid Processor	7/17/12	200	0
27	13 Inch Pouch Laminator	9/30/12	470	0
28	Freezer - woodlands	9/30/12	200	0
29	Brother Printer	10/08/12	335	0
30	HP Printer	10/31/12	678	0
31	Micoscope	12/16/12	115	0
32	21.5 Inch Asus Monitor	12/21/12	145	0
33	Lenevo PC	1/31/13	400	0
34	Miami Vice Restraint	5/28/13	289	13
35	Printer	6/30/13	300	0
36	Printer	6/30/13	300	0
37	Printer	6/30/13	300	0
38	Computer Server	7/01/13	2,910	0
39	Washer	7/04/13	909	41
40	Computer Equipment	7/25/13	658	0
41	Furniture - ikea	9/30/13	187	8
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	80
49	Phone System from Oscar Aguirre	9/22/17	5,000	625
			<u>34,007</u>	<u>1,003</u>

Other Depreciation:

12	Ikea Cabinets and Fixtures	12/31/08	15,637	1,042
15	Computer - Scarlett	1/24/11	450	0
17	Digital X-Ray	5/18/11	46,366	0
18	Freezer	6/15/11	561	0
19	Server	9/30/11	3,472	0
24	Software Upgrade	5/01/12	845	0
42	Monitor	5/02/14	175	0
43	Computer - Bird room	6/27/14	330	0
44	Bend Chair	3/05/15	119	17
45	Chair	3/30/15	90	13
46	Sink, counter, Faucet	8/14/13	998	66
47	Computer	12/31/15	239	48
	Total Other Depreciation		<u>69,282</u>	<u>1,186</u>

Total ACRS and Other Depreciation

<u>69,282</u>	<u>1,186</u>
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Listed Property:

50	2015 Subaru Forester 5729	8/23/18	22,179	0
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TX Future Depreciation Report

FYE: 12/31/20

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TX</u>
			<u>22,179</u>	<u>0</u>
	Grand Totals		<u>125,468</u>	<u>2,189</u>

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

**Texas Wildlife Rehabilitation
Coalition Inc.**

74-2130258

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	355,572	373,810	18,238
	2. Membership dues and assessments	14,655	34,720	20,065
	3. Government contributions and grants			
	4. Program service revenue	45,549	19,471	-26,078
	5. Investment income	131	158	27
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,726	5,776	4,050
	11. Other revenue	217	35	-182
	12. Total revenue. Add lines 1 through 11	417,850	433,970	16,120
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	40,000	41,979	1,979
	16. Salaries, other compensation, and employee benefits	166,882	221,215	54,333
	17. Professional fundraising fees			
	18. Other professional fees	9,522	8,445	-1,077
	19. Occupancy, rent, utilities, and maintenance	65,999	64,888	-1,111
	20. Depreciation and Depletion	6,137	2,150	-3,987
	21. Other expenses	130,818	125,293	-5,525
	22. Total expenses. Add lines 13 through 21	419,358	463,970	44,612
	23. Excess or (Deficit). Subtract line 22 from line 12	-1,508	-30,000	-28,492
Other Information	24. Total exempt revenue	417,850	433,970	16,120
	25. Total unrelated revenue			
	26. Total excludable revenue	47,623	25,440	-22,183
	27. Total assets	311,549	283,633	-27,916
	28. Total liabilities	7,836	9,920	2,084
	29. Retained earnings	303,713	273,713	-30,000
	30. Number of voting members of governing body	8	6	
	31. Number of independent voting members of governing body	7	5	
	32. Number of employees	30	42	
	33. Number of volunteers	800	524	

Form 990	Tax Return History	2019
Name Texas Wildlife Rehabilitation Coalition Inc.		Employer Identification Number 74-2130258

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	215,304	342,979	408,930	355,572	373,810	
Membership dues	16,020	18,580	22,380	14,655	34,720	
Program service revenue	55,698	42,695	35,774	45,549	19,471	
Capital gain or loss						
Investment income	96	67	139	131	158	
Fundraising revenue (income/loss)	15,671	18,677				
Gaming revenue (income/loss)						
Other revenue	1,515	4,215	1,721	1,943	5,811	
Total revenue	304,304	427,213	468,944	417,850	433,970	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	6,336		37,524	40,000	41,979	
Other compensation	178,278	141,968	168,751	166,882	221,215	
Professional fees	6,768	7,216	4,484	9,522	8,445	
Occupancy costs	87,248	70,953	67,426	65,999	64,888	
Depreciation and depletion	10,756	9,889	12,491	6,137	2,150	
Other expenses	76,013	88,051	133,666	130,818	125,293	
Total expenses	365,399	318,077	424,342	419,358	463,970	
Excess or (Deficit)	-61,095	109,136	44,602	-1,508	-30,000	
Total exempt revenue	304,304	427,213	468,944	417,850	433,970	
Total unrelated revenue	96	67				
Total excludable revenue	57,213	46,910	37,634	47,623	25,440	
Total Assets	167,194	282,564	319,659	311,549	283,633	
Total Liabilities	15,892	22,126	14,443	7,836	9,920	
Net Fund Balances	151,302	260,438	305,216	303,713	273,713	

Form 990T	Tax Return History	2019
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Name Texas Wildlife Rehabilitation Coalition Inc.	Employer Identification Number 74-2130258
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* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*	96	67				
Exploited exempt activity income*						
Other income						
Total trade or business income.	96	67				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2019
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Name Texas Wildlife Rehabilitation Coalition Inc.	Employer Identification Number 74-2130258
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	2015	2016	2017	2018	2019	2020
Other deductions						
Net income (990T/first activity)	96	67				
UBTI from all trades	96	67	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000	1,000			1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 158		14			
Total	<u>\$ 158</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Grantwriter	\$ 4,445	\$	\$ 4,445	\$
Total	<u>\$ 4,445</u>	<u>\$ 0</u>	<u>\$ 4,445</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Education Program	\$ 1,885	\$ 1,885	\$	\$
Education Animal Care	1,708	1,708		
Total	<u>\$ 3,593</u>	<u>\$ 3,593</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
Miscellaneous income	\$ 35
Less: Deductions	<u>-1,000</u>
Total	<u>\$ -965</u>