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Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning , and ending

Texas Wildlife Rehabilitation Coalition Inc. 74-2130258

Net Asset / Fund Balance at Beginning of Year				273,713
Revenue				
Contributions		296,037		
Program service revenue		10,046		
Investment income		86		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	3,715			
Direct expenses				
Net income		3,715		
Other income		3,781		
Total revenue			313,665	
Expenses				
Program services		178,959		
Management and general		169,188		
Fundraising		16,769		
Total expenses			364,916	
Excess / (deficit)				-51,251
Changes				-2
Net Asset / Fund Balance at End of Year				222,460

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	313,665

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	364,916

Balance Sheet

	Beginning	Ending	Differences
Assets	283,633	286,784	
Liabilities	9,920	64,324	
Net assets	273,713	222,460	-51,253

Miscellaneous Information

Amended return	
Return / extended due date	11/15/21
Failure to file penalty	

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2020, or fiscal year beginning ...., 2020, and ending ...., 20 ......

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

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

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax: Texas Wildlife Rehabilitation Coalition Inc.

Taxpayer identification number: 74-2130258

Name and title of officer or person subject to tax: 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, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	313,665
2a Form 990-EZ check here ▶	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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

PIN: check one box only

[X] I authorize Moore & Botzong CPAs, PLLC (**ERO firm name**) to enter my PIN 77043 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax } Date } 06/16/21

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 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature } Pamela K Moore CPA Date } 06/16/21

ERO Must Retain This Form — See Instructions

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

WINTER STORM DISASTER RELIEF(JUNE 15, 2021) FOR TX

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 | **2020**

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

u Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2020 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): 10801 Hammerly Blvd #200 | Room/suite:

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 $ 313,665

F Name and address of principal officer: Terry Rooney

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

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

J Website: u www.twrcwildlifecenter.org

H(c) Group exemption number u

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other u

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box u [ ] 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 2020 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	408,530	296,037
	9	Program service revenue (Part VIII, line 2g)	19,471	10,046
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	158	86
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,811	7,496
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	433,970	313,665
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	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)	263,194	206,774
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 16,769		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200,776	158,142
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	463,970	364,916
	19	Revenue less expenses. Subtract line 18 from line 12	-30,000	-51,251
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	283,633	286,784
	21	Total liabilities (Part X, line 26)	9,920	64,324
	22	Net assets or fund balances. Subtract line 21 from line 20	273,713	222,460

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 | Date

Sydney Free Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Pamela K Moore CPA	Pamela K Moore CPA	06/16/21		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 [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 $ 177,123 including grants of $) (Revenue $ 10,046)

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 $ 1,836 including grants of $) (Revenue $)

4e Total program service expenses u 178,959

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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.	38	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	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	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	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		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*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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?		14a		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?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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 ..... [X]

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 ..... 1a: 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b: 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed u None

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 [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records u

Mary Warwick 10801 Hammerly Blvd Ste 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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Cheryl Hoggard, DVM Director	0.00 0.00	X						0	0	0
(2) Roslyn Even Director	0.00 0.00	X						0	0	0
(3) Sydney Free Treasurer	0.00 0.00	X		X				0	0	0
(4) Hugo Ham Director	0.00 0.00	X						0	0	0
(5) Maggie Knuckler Director	0.00 0.00	X						0	0	0
(6) Terry Rooney Secretary	0.00 0.00	X		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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Subtotal u										
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

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 u **0**

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		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? *If "Yes," complete Schedule J for such person*	5		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 u 0

Part VIII Statement of Revenue

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

Section	Line	Description			(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	17,261				
	c	Fundraising events	1c	96,201				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	182,575				
	g	Noncash contributions included in lines 1a-1f	1g	$ 10,427				
	h	**Total.** Add lines 1a–1f		u	296,037			
Program Service Revenue				Business Code				
	2a	Education Program		900099	7,046	7,046		
	b	Animals Program		611600	3,000	3,000		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f		u	10,046			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		u	86			86
	4	Income from investment of tax-exempt bond proceeds		u				
	5	Royalties		u				
			(i) Real	(ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental inc. or (loss)	6c					
	d	Net rental income or (loss)		u				
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	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 $ 96,201 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	3,715				
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities		u	3,715	3,715		
	10a	Gross sales of inventory, less returns and allowances	10a	3,190				
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory		u	3,190	3,190		
Miscellaneous Revenue				Business Code				
	11a	Miscellaneous income			591			591
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d		u	591			
	12	**Total revenue.** See instructions		u	313,665	16,951	0	677

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	38,051		38,051	
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	153,667	131,718	21,949	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,056	10,344	4,712	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,750		3,750	
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.)	4,700			4,700
12 Advertising and promotion	1,056		324	732
13 Office expenses	16,213	2,089	7,560	6,564
14 Information technology	22,421		18,533	3,888
15 Royalties				
16 Occupancy	63,360		63,360	
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	1,836	1,836		
23 Insurance	10,949		10,949	
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 Animal Supplies & Food	12,231	12,231		
b Program Service goods	10,427	10,427		
c Rehabiltation Program	5,139	5,139		
d Vet Room	2,452	2,452		
e All other expenses	3,608	2,723		885
25 **Total functional expenses.** Add lines 1 through 24e	364,916	178,959	169,188	16,769
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 u ☐ 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	66,089	1	85,071
	2	Savings and temporary cash investments	163,729	2	163,815
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,347	4	22,694
	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	2,366	8	6,142
	9	Prepaid expenses and deferred charges	3,839	9	3,637
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 125,467			
	b	Less: accumulated depreciation — 10b: 122,849	4,456	10c	2,618
	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)	283,633	16	286,784
Liabilities	17	Accounts payable and accrued expenses	9,920	17	13,472
	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	50,852
	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	9,920	26	64,324
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** u ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	273,713	27	222,460
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here u ☐ **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	273,713	32	222,460
	33	Total liabilities and net assets/fund balances	283,633	33	286,784

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	313,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	364,916
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	273,713
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	-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	222,460

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: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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.

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

2020

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 [X] 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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	361,559	431,310	370,227	408,531	296,037	1,867,664
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	361,559	431,310	370,227	408,531	296,037	1,867,664
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						1,867,664

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	361,559	431,310	370,227	408,531	296,037	1,867,664
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		139	131	193	86	549
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						1,868,213

12 Gross receipts from related activities, etc. (see instructions) | 12 | 133,290

13 **First 5 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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.97 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 99.96 %

16a **33 1/3% support test—2020.** 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 ▶ ☒

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-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 ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 ▶ ☐

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 ▶ ☐

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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** *(continued)*

			Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in line 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b 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.*	**2a**		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in *Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-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—*provide details in Part VI*)	
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 2020 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-2020**	**(iii)** **Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
Texas Wildlife Rehabilitation
Coalition Inc.

Employer identification number
74-2130258

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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: 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
1	Ray & June Smith Charitable Trust Ms C. Haney TTEE 355 N Post Oak Lane, #834 Houston TX 77024	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Susan Kadow 1315 Terrace View Dr Sugar Land TX 77479	$ 6,180	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Nancy Head 3 Wild Oak Cr Houston TX 77055	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	TransCanada Charitable Foundation TC Energy PO Box 2446 Houston TX 77252	$ 21,320	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Summerlee Foundation 5556 Caruth Haven Ln Dallas TX 75225	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	Sydney Free 1650 S Gessner Rd Houston TX 77063	$ 5,400	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
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.

		(a) Donor advised funds	(b) Funds and other accounts
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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u

4 Number of states where property subject to conservation easement is located u

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 u

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u $

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.

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.

b 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 u $

(ii) Assets included in Form 990, Part X u $

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 u $

b Assets included in Form 990, Part X u $

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	122,849	2,618
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* u 2,618

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.

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**			
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	

Part XIII **Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII **Supplemental Information** *(continued)*

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

2020

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 fund-raiser have custody or control of contributions? Yes	No	(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
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.

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 (add col. **(a)** through col. **(c)**)
		Appeal Campaign (event type)	(event type)	1 (total number)	
Revenue	**1** Gross receipts	94,526			94,526
	2 Less: Contributions	94,526			94,526
	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	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **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.

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. u Attach to Form 990 or 990-EZ. u Go to *www.irs.gov/Form990* for the latest information.	OMB No. 1545-0047 **2020** Open to Public Inspection

Name of the organization	Employer identification number
Texas Wildlife Rehabilitation Coalition Inc.	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: Texas Wildlife Rehabilitation

Employer identification number: 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

Upon Request

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference $ -2

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

2020

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	1,186

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 2020	17	650
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 u ☐		

Section B—Assets Placed in Service During 2020 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
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	1,836
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

There are no amounts for Page 2

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? X Yes ☐ No **24b** If "Yes," is the evidence written? X Yes ☐ 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 5729	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	
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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

5448 Texas Wildlife Rehabilitation
74-2130258
FYE: 12/31/2020 Mth: 12/31/2020

06/16/2021 10:18 AM

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
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	1,060	62
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	2,104	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	305	0
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	200	0
26	Kitchen Aid Processor	7/17/12	200			X	100	7	HY	200DB	200	0
27	13 Inch Pouch Laminator	9/30/12	470			X	235	7	HY	200DB	470	0
28	Freezer - woodlands	9/30/12	200			X	100	7	HY	200DB	200	0
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	115	0
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	276	13
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	868	41
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	179	8
48	Dell PowerEdge T320 Tower-Server	2/20/17	692			X	346	5	HY	200DB	592	40
49	Phone System from Oscar Aguirre	9/22/17	5,000			X	2,500	7	HY	200DB	3,907	312
			34,007				18,786				32,025	650
Other Depreciation:												
12	Ikea Cabinets and Fixtures	12/31/08	15,637				15,637	15	MO	S/L	13,864	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	175	0
43	Computer - Bird room	6/27/14	330				330	5	MO	S/L	330	0
44	Bend Chair	3/05/15	119				119	7	MO	S/L	77	17
45	Chair	3/30/15	90				90	7	MO	S/L	57	13
46	Sink, counter, Faucet	8/14/13	998				998	15	MO	S/L	433	66
47	Computer	12/31/15	239				239	5	MO	S/L	191	48
	Total Other Depreciation		69,282				69,282				66,821	1,186
	Total ACRS and Other Depreciation		69,282				69,282				66,821	1,186
Listed Property:												
50	2015 Subaru Forester 5729	8/23/18	22,179			X	4,179	5	HY	200DB	22,179	0
			22,179				4,179				22,179	0

5448 Texas Wildlife Rehabilitation
74-2130258
FYE: 12/31/2020 Mth: 12/31/2020

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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				121,025	1,836
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		125,468				92,247				121,025	1,836

5448 Texas Wildlife Rehabilitation
74-2130258
FYE: 12/31/2020 Mth: 12/31/2020

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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
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	1,060	62	62	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	2,104	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	305	0	0	0
23	Computer - Marvin	4/10/12	550	550	550	0	0	0
25	Table Saw	6/01/12	200	200	200	0	0	0
26	Kitchen Aid Processor	7/17/12	200	200	200	0	0	0
27	13 Inch Pouch Laminator	9/30/12	470	470	470	0	0	0
28	Freezer - woodlands	9/30/12	200	200	200	0	0	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	115	0	0	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	276	13	13	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	868	41	41	0
40	Computer Equipment	7/25/13	658	658	658	0	0	0
41	Furniture - ikea	9/30/13	187	187	179	8	8	0
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	692	492	80	40	-40
49	Phone System from Oscar Aguirre	9/22/17	5,000	5,000	2,813	625	312	-313
			34,007	34,007	30,831	1,003	650	-353
Other Depreciation:								
12	Ikea Cabinets and Fixtures	12/31/08	15,637	15,637	13,864	1,042	1,042	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	175	0	0	0
43	Computer - Bird room	6/27/14	330	330	330	0	0	0
44	Bend Chair	3/05/15	119	119	77	17	17	0
45	Chair	3/30/15	90	90	57	13	13	0
46	Sink, counter, Faucet	8/14/13	998	998	433	66	66	0
47	Computer	12/31/15	239	239	191	48	48	0
	Total Other Depreciation		69,282	69,282	66,821	1,186	1,186	0
	Total ACRS and Other Depreciation		69,282	69,282	66,821	1,186	1,186	0
Listed Property:								
50	2015 Subaru Forester 5729	8/23/18	22,179	22,179	22,179	0	0	0
			22,179	22,179	22,179	0	0	0

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	119,831	2,189	1,836	-353
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		125,468	125,468	119,831	2,189	1,836	-353

5448 Texas Wildlife Rehabilitation
74-2130258
FYE: 12/31/2020 Mth: 12/31/2020

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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
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	1,266	4
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	1,829	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	305	0
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	200	0
26	Kitchen Aid Processor	7/17/12	200			X	100	7	HY	200DB	200	0
27	13 Inch Pouch Laminator	9/30/12	470			X	235	7	HY	200DB	470	0
28	Freezer - woodlands	9/30/12	200			X	100	7	HY	200DB	200	0
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	115	0
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	276	13
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	868	41
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	179	8
48	Dell PowerEdge T320 Tower-Server	2/20/17	692			X	346	5	HY	200DB	592	40
49	Phone System from Oscar Aguirre	9/22/17	5,000			X	2,500	7	HY	200DB	3,907	312
			34,007				18,786				31,956	592
Other Depreciation:												
12	Ikea Cabinets and Fixtures	12/31/08	15,637				15,637	15	MO	S/L	14,114	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	175	0
43	Computer - Bird room	6/27/14	330				330	5	MO	S/L	330	0
44	Bend Chair	3/05/15	119				119	7	MO	S/L	77	17
45	Chair	3/30/15	90				90	7	MO	S/L	57	13
46	Sink, counter, Faucet	8/14/13	998				998	15	MO	S/L	433	66
47	Computer	12/31/15	239				239	5	MO	S/L	191	48
	Total Other Depreciation		69,282				69,282				67,071	1,187
	Total ACRS and Other Depreciation		69,282				69,282				67,071	1,187
Listed Property:												
50	2015 Subaru Forester 5729	8/23/18	22,179			X	4,179	5	HY	200DB	19,672	1,003
			22,179				4,179				19,672	1,003

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74-2130258
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AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		125,468				92,247				118,699	2,782
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		125,468				92,247				118,699	2,782

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Bonus Depreciation Report

FYE: 12/31/2020 Mth: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	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		52,110		0	0	33,221	18,889

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Depreciation Adjustment Report
All Business Activities

MACRS Adjustments:

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
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	62	4	58
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	0	0	0
Page 1	1	23	Computer - Marvin	0	0	0
Page 1	1	25	Table Saw	0	0	0
Page 1	1	26	Kitchen Aid Processor	0	0	0
Page 1	1	27	13 Inch Pouch Laminator	0	0	0
Page 1	1	28	Freezer - woodlands	0	0	0
Page 1	1	29	Brother Printer	0	0	0
Page 1	1	30	HP Printer	0	0	0
Page 1	1	31	Micoscope	0	0	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	13	13	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	41	41	0
Page 1	1	40	Computer Equipment	0	0	0
Page 1	1	41	Furniture - ikea	8	8	0
Page 1	1	48	Dell PowerEdge T320 Tower-Server	40	40	0
Page 1	1	49	Phone System from Oscar Aguirre	312	312	0
Page 1	1	50	2015 Subaru Forester 5729	0	1,003	-1,003
				650	1,595	-945

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Future Depreciation Report FYE: 12/31/21

FYE: 12/31/2020 Mth: 12/31/2020 **Form 990, Page 1**

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	3
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	175
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	0	0
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	0	0
40	Computer Equipment	7/25/13	658	0	0
41	Furniture - ikea	9/30/13	187	0	0
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	40	40
49	Phone System from Oscar Aguirre	9/22/17	5,000	223	223
			34,007	499	441
Other Depreciation:					
12	Ikea Cabinets and Fixtures	12/31/08	15,637	731	480
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	67	67
47	Computer	12/31/15	239	0	0
	Total Other Depreciation		69,282	828	577
	Total ACRS and Other Depreciation		69,282	828	577
Listed Property:					
50	2015 Subaru Forester 5729	8/23/18	22,179	0	601

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Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
			22,179	0	601
	Grand Totals		125,468	1,327	1,619

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TX Future Depreciation Report FYE: 12/31/21

FYE: 12/31/2020 Mth: 12/31/2020

Form 990, Page 1

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	0
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	0
40	Computer Equipment	7/25/13	658	0
41	Furniture - ikea	9/30/13	187	0
48	Dell PowerEdge T320 Tower-Server	2/20/17	692	80
49	Phone System from Oscar Aguirre	9/22/17	5,000	446
			34,007	762
Other Depreciation:				
12	Ikea Cabinets and Fixtures	12/31/08	15,637	731
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	67
47	Computer	12/31/15	239	0
	Total Other Depreciation		69,282	828
	Total ACRS and Other Depreciation		69,282	828
Listed Property:				
50	2015 Subaru Forester 5729	8/23/18	22,179	0

TX Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	TX
			22,179	0
	Grand Totals		125,468	1,590

Two Year Comparison Report

Form **990** | **2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name: Texas Wildlife Rehabilitation Coalition Inc.

Taxpayer Identification Number: 74-2130258

Section	Line		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1.	373,810	278,776	-95,034
	2. Membership dues and assessments	2.	34,720	17,261	-17,459
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	19,471	10,046	-9,425
	5. Investment income	5.	158	86	-72
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.		3,715	3,715
	10. Net gain or (loss) on sales of inventory	10.	5,776	3,190	-2,586
	11. Other revenue	11.	35	591	556
	12. **Total revenue.** Add lines 1 through 11	12.	433,970	313,665	-120,305
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	41,979	38,051	-3,928
	16. Salaries, other compensation, and employee benefits	16.	221,215	168,723	-52,492
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	8,445	8,450	5
	19. Occupancy, rent, utilities, and maintenance	19.	64,888	63,360	-1,528
	20. Depreciation and Depletion	20.	2,150	1,836	-314
	21. Other expenses	21.	125,293	84,496	-40,797
	22. **Total expenses.** Add lines 13 through 21	22.	463,970	364,916	-99,054
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-30,000	-51,251	-21,251
Other Information	24. Total exempt revenue	24.	433,970	313,665	-120,305
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	25,440	17,628	-7,812
	27. Total assets	27.	283,633	286,784	3,151
	28. Total liabilities	28.	9,920	64,324	54,404
	29. Retained earnings	29.	273,713	222,460	-51,253
	30. Number of voting members of governing body	30.	6	6	
	31. Number of independent voting members of governing body	31.	5	5	
	32. Number of employees	32.	42	31	
	33. Number of volunteers	33.	524	15	

Form **990T** | **Tax Projection Worksheet** | **2020 & 2021**

Name: Texas Wildlife Rehabilitation Coalition Inc.

Taxpayer Identification Number: 74-2130258

Section		Line	2020	2021	Differences
Income	**1.** Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	**12.** Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Net Income (990T/first activity); Subtract line 23 from 11	23.			
Tax & Credits	**24.** Unrelated business taxable income from all trades	24.			
	25. Disallowed employee fringe benefits	25.			
	26. Charitable contributions	26.			
	27. Taxable Income before NOL Loss	27.			
	28. Net operating loss (pre-2018)	28.			
	29. Specific deduction	29.	1,000	1,000	
	30. Unrelated business taxable income.	30.	-1,000	-1,000	
	31. Income tax (corporate or trust)	31.			
	32. Proxy taxes	32.			
	33. Other taxes	33.			
	34. Total taxes	34.			
	35. General business credit	35.			
	36. Credit for prior year minimum tax	36.			
	37. Other credits	37.			
	38. Total credits	38.			
	39. Net tax after credits	39.			
	40. Recapture taxes and 965 tax	40.			
	41. Total Taxes	41.			
Due / Refund	**42.** Prior year overpayment and estimated tax payments	42.			
	43. Payment made with extension	43.			
	44. Backup and foreign withholding	44.			
	45. Other payments	45.			
	46. Total payments	46.			
	47. Net due / - refund	47.			

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Form **990** — **Tax Return History** — **2020**

Name: Texas Wildlife Rehabilitation Coalition Inc.

Employer Identification Number: 74-2130258

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	342,979	408,930	355,572	373,810	278,776	
Membership dues	18,580	22,380	14,655	34,720	17,261	
Program service revenue	42,695	35,774	45,549	19,471	10,046	
Capital gain or loss						
Investment income	67	139	131	158	86	
Fundraising revenue (income/loss)	18,677					
Gaming revenue (income/loss)					3,715	
Other revenue	4,215	1,721	1,943	5,811	3,781	
Total revenue	427,213	468,944	417,850	433,970	313,665	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		37,524	40,000	41,979	38,051	
Other compensation	141,968	168,751	166,882	221,215	168,723	
Professional fees	7,216	4,484	9,522	8,445	8,450	
Occupancy costs	70,953	67,426	65,999	64,888	63,360	
Depreciation and depletion	9,889	12,491	6,137	2,150	1,836	
Other expenses	88,051	133,666	130,818	125,293	84,496	
Total expenses	318,077	424,342	419,358	463,970	364,916	
Excess or (Deficit)	109,136	44,602	-1,508	-30,000	-51,251	

Total exempt revenue	427,213	468,944	417,850	433,970	313,665	
Total unrelated revenue	67					
Total excludable revenue	46,910	37,634	47,623	25,440	17,628	
Total Assets	282,564	319,659	311,549	283,633	286,784	
Total Liabilities	22,126	14,443	7,836	9,920	64,324	
Net Fund Balances	260,438	305,216	303,713	273,713	222,460	

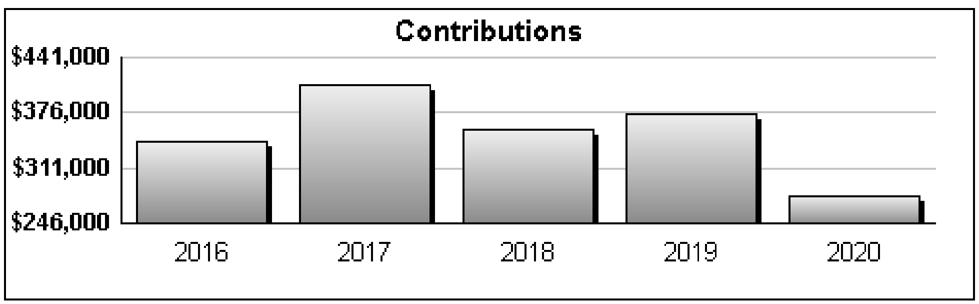
Form **990T** | **Tax Return History** | **2020**

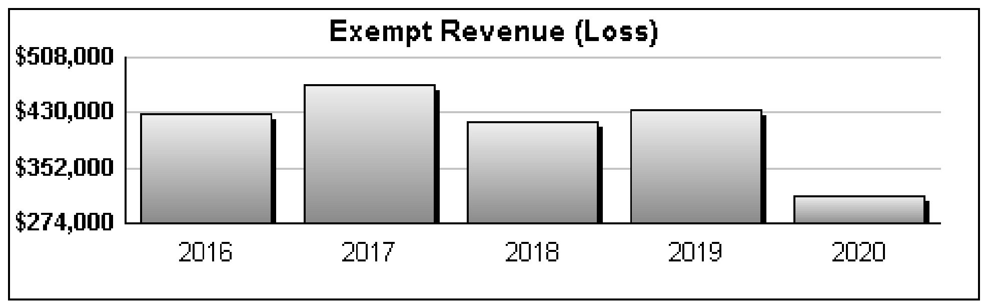
Name: Texas Wildlife Rehabilitation Coalition Inc.

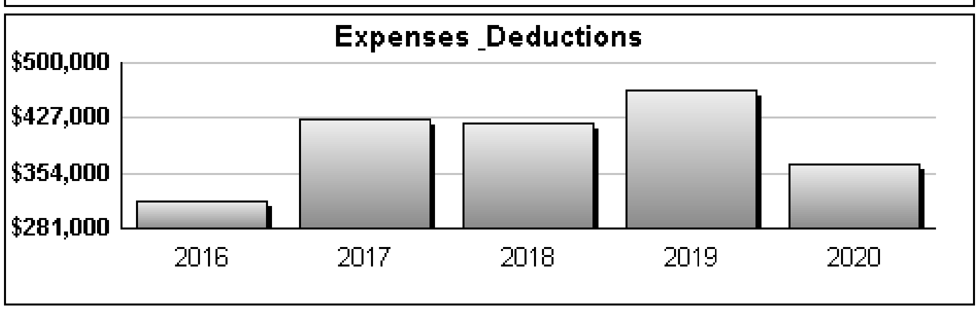
Employer Identification Number: 74-2130258

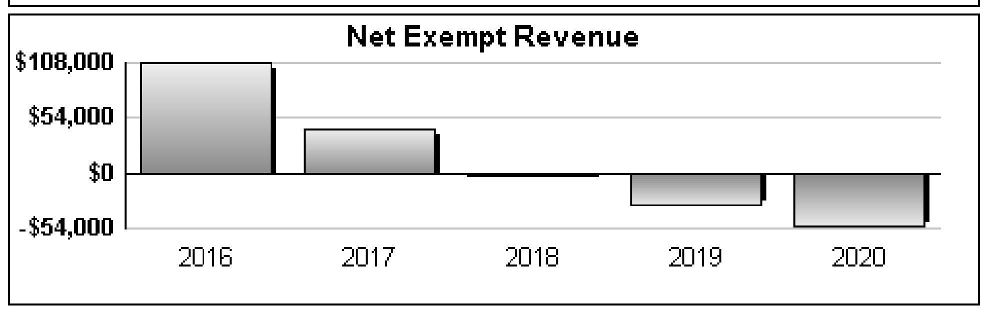
* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
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*	67					
Exploited exempt activity income*						
Other income						
Total trade or business income.	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						







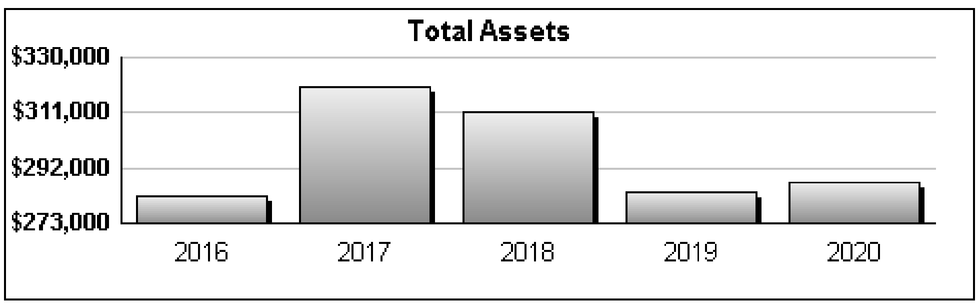


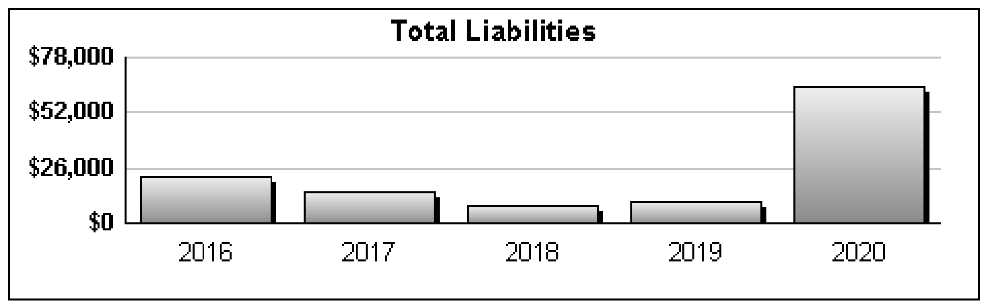
Form **990T** | **Tax Return History** | **2020**

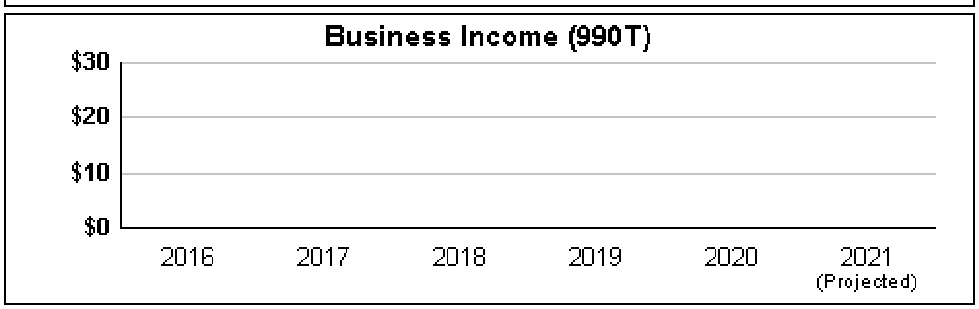
Name: Texas Wildlife Rehabilitation Coalition Inc.

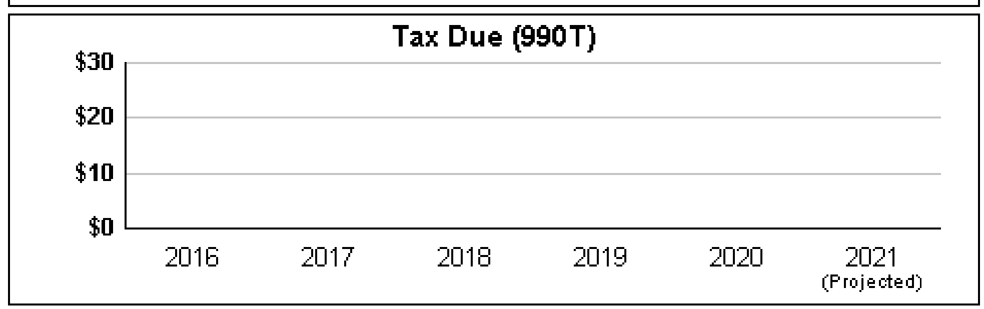
Employer Identification Number: 74-2130258

	2016	2017	2018	2019	2020	2021
Other deductions						
Net income (990T/first activity)	67					
UBTI from all trades	67	0	0	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

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
	$ 86		14			
Total	$ 86					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Grantwriter	$ 4,700	$	$	$ 4,700
Total	$ 4,700	$ 0	$ 0	$ 4,700

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Education Program	$ 1,465	$ 1,465	$	$
Education Animal Care	1,258	1,258		
Sales Tax	885			885
Total	$ 3,608	$ 2,723	$ 0	$ 885

Federal Statements

Schedule A, Part II, Line 1(e)

Description		Amount
Member dues	$	17,261
Public Donations		101,768
In-Kind Donations		10,427
Corporate/Foundation Donations		70,380
Appeal Campaigns		
Cash Contribution		94,526
Chili Cookoff		
Cash Contribution		1,675
Total	$	296,037

Schedule A, Part II, Line 8(e)

Description		Amount
	$	86
Total	$	86

Schedule A, Part II, Line 9(e)

Description		Amount
Miscellaneous income	$	591
Less: Deductions		-1,000
Total	$	-409

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
Education Program	$ 7,046
Animals Program	3,000
Resales	3,190
Appeal Campaigns	
Chili Cookoff	
Raffles	3,715
Total	$ 16,951