** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change HOUSTON WILDERNESS INC. Name change 42-1573695 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1334 BRITTMOORE ROAD, SUITE 2804 713-524-7330 639,830. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return HOUSTON, TX 77316 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBORAH JANUARY-BEVERS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.HOUSTONWILDERNESS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > . Year of formation: 2002 **M** State of legal domicile: **TX** Trust Part I Summary Briefly describe the organization's mission or most significant activities: HOUSTON WILDERNESS WORKS WITH A **Activities & Governance** BROAD-BASED ALLIANCE OF BUSINESS, ENVIRONMENTAL AND GOVERNMENT if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 3 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 400 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 730,950. 612,239. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 499. 433. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 731,449 612,672 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 328,746. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 440,849. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 204,652. 259,319. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 700,168. 533,398. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 198,051. -87,496. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 780,596. 645,774. 20 Total assets (Part X, line 16) 74,300. 28,865. 21 Total liabilities (Part X, line 26) 三年 706,296. 616,909 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DEBORAH JANUARY-BEVERS, PRESIDENT & CEO Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 05/15/23 self-employed P01268482 KRISTEN SIMPSON KRISTEN SIMPSON Paid Firm's name CARR, RIGGS & INGRAM, LLC Firm's EIN ▶ 72-1396621 Preparer Firm's address TWO RIVERWAY, 15TH FLOOR Use Only Phone no. 713-621-8090 HOUSTON, TX 77056

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

SEE SCHEDULE O FOR CONTINUATION(S)

104,263. including grants of \$

548,158.

2

10200515 794202 94-04828.001

) (Revenue \$

Form 990 (2021) HOUSTON WILDERNESS INC. 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	Х	
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		х
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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
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?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	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,"			17
	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

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Pal	rt 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			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		
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	23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization minest any proceeds or tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240		
·	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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 274		
Lou	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	. 200		
-	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		х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	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
35 a	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			3,7
	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 on Schedule O for Part VI, lines 11b and 19?		v	1
Da	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
	Fatou the number was add in her 0 of Fame 1000. Fatou 0 if call and Fatou	4	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable The start the number of Forms W 2C included on line 1s. Enter 0, if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vehicles and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Х 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form **990** (2021)

If "Yes," complete Form 6069.

42-1573695

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 713-524-7330 1334 BRITTMOORE RD, STE 2804, HOUSTON, TX 77043-4039

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an an	compensation	compensation	amount of
	week	-	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	9.6			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ualtr	tional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBORAH JANUARY-BEVERS	55.00		_		<u> </u>	1 0	4			
PRESIDENT & CEO		Х		Х				140,000.	0.	0
(2) JASON FULLER	1.00									
BOARD AFFAIRS COMMITTEE CH		Х		Х				0.	0.	0
(3) BILL PROUT	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0
(4) GRACIELA GILARDONI	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(5) CHRIS AMANDES	2.00									
DEVELOPMENT COMMITTEE CH		Х		Х				0.	0.	0
(6) CHAVONNE SLOVAK	1.00									
GGQ/PASSPORT COMMITTEE CHA		Х		Х				0.	0.	0
(7) MATT STAHMAN	3.00									
BOARD CHAIR		Х		Х				0.	0.	0
(8) KEIJI ASAKURA	2.00									
DIRECTOR	1 00	Х						0.	0.	0_
(9) DR. DANIEL PRICE	1.00									
DIRECTOR	1	Х						0.	0.	0
(10) BILL EVANS	1.00									
DIRECTOR	1	Х						0.	0.	0
(11) COLLIN COX	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(12) GLENN BUCKLEY	1.00								_	
DIRECTOR	1 00	Х						0.	0.	0
(13) RUSS POPPE	1.00	37							_	
DIRECTOR (14) TIM BOONE	2 00	Х	\vdash		_			0.	0.	0
(14) JIM BOONE DIRECTOR	2.00	Х						0.	0.	
(15) LESLIE BERARDO, CPA	1.00	^	\vdash		\vdash	\vdash		1	U •	0
DIRECTOR	1.00	Х						0.	0.	0
(16) SYDNEY MURPHY	1.00	-/1						0.	<u></u>	
DIRECTOR	1.00	Х						0.	0.	0
(17) MIKE ROME	1.00							· ·	•	
DIRECTOR		Х	l			1	1	0.	0.	0

(A) Name and title	Average hours per	box	not cl	Posi heck r	ition more son i	than s bot	h an	Reportable compensation	(L) Reportable compensation		(F) stimate mount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	orç ar	other npensa rom th ganizat d relat anizati	e ion ed
(18) PHILLIP GOODWIN	1.00							_	_			_
DIRECTOR		Х						0.	0.			0.
(19) BETH ROBERTSON	2.00								•			^
DIRECTOR	1 00	Х						0.	0.	<u> </u>		0.
(20) ED EMMETT DIRECTOR	1.00	Х						0.	0.			0.
(21) TRICIA BRASSEAUX	2.00	Λ						0.	0.	<u> </u>		0.
DIRECTOR	2.00	Х						0.	0.			0.
(22) DR. LOREN HOPKINS	1.00	25						1		1		<u> </u>
DIRECTOR	1,00	х						0.	0.	.		0.
(23) CHERYL MERGO	2.00								<u> </u>			
DIRECTOR		Х						0.	0.	,		0.
(24) LARS N. ZETTERSTROM	1.00											
DIRECTOR		Х						0.	0.			0.
(25) ALLAN TRAICOFF	1.00											
DIRECTOR		Х						0.	0.			0.
(26) JENNIFER RONK	1.00											
DIRECTOR		X						0.	0.			0.
1b Subtotal								140,000.	0.			0.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	140,000.		<u> </u>		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wn	o r	eceived more than \$100,0	J00 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director truste	aa k	- AV 6	mnl	OVA	_ Or	· hi	nheet compensated empl	ovee on		100	110
line 1a? If "Yes," complete Schedule J for si										3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										ation fr	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thir		ear.			
(A) Name and business	address	NTC	ONE	7				(B) Description of se	ervices) Compe	C) ensatio	n
Name and business	addicoo	11/)IN I	<u>. </u>				Becomption of a	0111000	Compo	noutio	
							_	<u> </u>				
2 Total number of independent contractors (in	•	ot lin	nited	to t	thos •	se lis 1	tec	above) who received mo	ore than			
\$100,000 of compensation from the organiz		TNT	TΤΛ	ψΤ	ע דור∩	,	μт	TET'S		Fa::	990 (2024
DUD LAKT VII, DECITOR	. W COMI	T 14	JA	т т,	OTA	D	***			LOUI	330 (ZUZ I)

132008 12-09-21

Form 990	HOUSTON V	ATPDEKNE	באנו	, Т	NC	•				42-157	3695		
Form 990 Part VII	Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employees (continued)				
	(A) Name and title	(B) Average hours	(c		Pos	c) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		per week (list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
27) DR. DIRECTOR	SAM BRODY	1.00	Х						0.	0.	0		
TRECTOR			Λ						0.	0.	0		
	rt VII, Section A, line 1c												

orm 990 (2021)) HOUSTON	WILDERNESS	INC.	42-1573695	Page 9
Part VIII	Statement of Revenue				
	0				

		Check if Schedule O contains a response of	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	a Federated campaigns 1a					
ant		o Membership dues 1b					
ဗ် ဗို			172,992.				
fts,			_,_,,,,_,				
ig ic			122,769.				
Sin		All other contributions, gifts, grants, and	122,703.				
e Hi			316,478.				
ĕ₽			310,470.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f Tatel Add lines 1a-1f		612,239.			
Oa		1 Total. Add lines 1a-1f	Business Code	012,233.			
	2	,	Busiless Code				
/ice							
er, ne							
m S		·					
gra Re		<u> </u>					
Program Service Revenue		All other program consists revenue					
_		All other program service revenue	•				
-+	3	g Total. Add lines 2a-2f					
	3	other similar amounts)	·	433.			433.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	-				
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities	(ii) Other				
	-	assets other than inventory 7a					
		Less: cost or other basis					
ē		and sales expenses 7b					
en		Gain or (loss) 7c					
Jev		d Net gain or (loss)	•				
ther Revenue		a Gross income from fundraising events (not					
튐		including \$172,992. of					
		contributions reported on line 1c). See					
			27,158.				
		Less: direct expenses 8b	27,158.				
		Net income or (loss) from fundraising events	>	0.			
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\dashv		Net income or (loss) from sales of inventory	Dusiness Code				
sn	44	_	Business Code				
Jeo Tue	11 :						
ilar Ven							
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d					
_	12	Total revenue. See instructions		612,672.	0.	0.	433.

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Form 990 (2021) HOUSTON WILDERNESS INC. Part IX Statement of Functional Expenses

Coot	ion 501(a)(2) and 501(a)(4) arganizations must compl	oto all calumna All atha	er organizations must con	anlata aalumn (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	150,312.	117,679.	12,722.	19,911.
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	223,966.	175,342.	18,957.	29,667.
8	Pension plan accruals and contributions (include	2,2230	.,	.,	- ,
J	section 401(k) and 403(b) employer contributions)	9,350.	7,320.	791.	1.239.
9	Other employee benefits	29,274.	22,918.	2,478.	1,239. 3,878.
10	Payroll taxes	27,947.	21,881.	2,365.	3,701.
11	Fees for services (nonemployees):				07:0=0
	Management				
	Legal				
	Accounting	14,351.		14,351.	
	Lobbying	11/3310		11/3311	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
'	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	22,413.	17,547.	1,899.	2,967.
40		22,413.	17,547.	1,000.	2,5016
12	Advertising and promotion	144,490.	124,094.		20,396.
13	Office expenses	144,470•	124,074.		20,370.
14	Information technology				
15	Royalties	36,782.	29,058.	2,207.	5,517.
16	Occupancy	14,517.	11,365.	1,229.	1,923.
17	Travel	14,517.	11,303.	1,229.	1,923.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,381.	2,647.	286.	448.
19	Conferences, conventions, and meetings	3,301.	4,041.	200.	440.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,747.	5,282.	571.	894.
23	Insurance	0,747.	5,202.	3/1.	074.
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 0.)	1 262	3,337.	361.	565.
a	OTHER STAFF COSTS GIFTS AND AWARDS	4,263. 4,030.	3,337.	341.	534.
b					
С	PROFESSIONAL DEVELOPMEN	4,018.	3,146.	340.	532.
d	WEBSITE	2,481.	1,942.	210.	329.
	All other expenses	1,846.	1,445.	156.	245.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	700,168.	548,158.	59,264.	92,746.
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 if following SOP 98-2 (ASC 958-720)				000

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			343,388.	1	345,826.
	2	Savings and temporary cash investments			402,159.		252,955.
	3	Pledges and grants receivable, net			33,389.	3	46,993.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	t or former of	ficer, director,			
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	alified persor	ns (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe		100 500			
		basis. Complete Part VI of Schedule D	10a	103,569.			
	b		10b		0.		0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			1 (()	14	
	15	Other assets. See Part IV, line 11			1,660.	15	0.
	16	Total assets. Add lines 1 through 15 (must e			780,596. 25,288.		645,774.
	17	Accounts payable and accrued expenses		43,400.	17	28,865.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		Salara da de D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for trustee, key employee, creator or founder, su		· ·			
Liabilities		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
	20	parties, and other liabilities not included on li					
		of Schedule D			49,012.	25	0.
	26	Total liabilities. Add lines 17 through 25			74,300.	26	28,865.
		Organizations that follow FASB ASC 958, or	heck here	X	,		, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			579,433.	27	547,407.
Bal	28	Net assets with donor restrictions			126,863.	28	69,502.
pu		Organizations that do not follow FASB ASG					
Ē		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				706,296.	32	616,909.
_	33	Total liabilities and net assets/fund balances			780,596.	33	645,774.
							Form 990 (2021

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_	T. () () () () () () () () () (61	2,6	72
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			68.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			96.
5	Net unrealized gains (losses) on investments	5		1,8	<u>91.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	61	5,9	<u>09.</u>
Pai	rt 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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization HOUSTON WILDERNESS INC. 42-1573695 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	699,688.	756,398.	773,197.	755,565.	612,239.	3597087.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	699,688.	756,398.	773,197.	755,565.	612,239.	3597087.			
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.						3597087.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	699,688.	756,398.	773,197.	755,565.	612,239.	3597087.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	622.	369.	1,478.	499.	433.	3,401.			
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						3600488.			
12	Gross receipts from related activities,	etc. (see instruction	ns)			12				
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop	here								
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (li					14	99.91 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.91 %			
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box				
	stop here. The organization qualifies	. ,	•							
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶□			
17a	a 10% -facts-and-circumstances test - 2021. 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	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	-		• • •	-					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the				-		. —			
	organization meets the facts-and-circu									
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u></u> ▶∟			

Schedule A (Form 990) 2021

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	now, please comp	olete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		(2) = 2 : 2	(5) = 5 × 5	(-7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(-,
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 on 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.)		<u> </u>		I	1	<u> </u>
14 First 5 years. If the Form 990 is for the	•		•	•		. —
check this box and stop here	- Current Da					>
Section C. Computation of Public					T I	
15 Public support percentage for 2021 (lin		•	column (f))		15	<u>%</u>
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					147	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	% 7 : 1
19a 33 1/3% support tests - 2021. If the						▶ □
more than 33 1/3%, check this box an		-	•			
b 33 1/3% support tests - 2020. If the	•			•	•	
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ule	A (Form	n 990)	2021

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a	\longrightarrow	
		1b	\longrightarrow	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	—		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and must contain on received only, approach calling 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations		V	NI-
4	Ways a majority of the expeniention's divectors by twistons during the toy year also a majority of the divectors		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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	and 217 in Type in Capper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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			
		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			
	, ,	2		
3	By reason of the relationship described on 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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
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		

Sche	dule A (Form 990) 2021 HOUSTON WILDERNESS INC.			42-1573695 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization			Emp	oloyer identification number
HOUSTON	WILDERNESS	INC.	4	2-1573695

Organization type (cneck one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
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), 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), 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).						

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

HOUSTON WILDERNESS INC.

42-1573695

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 43,368. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

HOUSTON WILDERNESS INC.

42-1573695

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	2 13/30/3
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-11	-21		Schedule B (Form 990) (2021

Page 4

Name of organization **Employer identification number** HOUSTON WILDERNESS INC. 42-1573695 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HOUSTON WILDERNESS INC.

Employer identification number 42-1573695

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Comple	te if the
		(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 \boldsymbol{w}	riting that the assets held in donor	dvised funds	
	are the organization's property, subject to the organization's e			es No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds ca	be used only	
	for charitable purposes and not for the benefit of the donor or			
D.				es No
Pai			90, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	· —	n of a historically important lan	
	Protection of natural habitat	Preservati	n of a certified historic structur	е
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the		
	day of the tax year.			id of the Tax Year
а	Total number of conservation easements		l l	
b				
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at	·		
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	the organization during the tax	(
_	year -			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it		······· — ·	es No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during	the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the y	/ear
	Description appears wanted on line 2(d) shows	and inferior and a section	I 70/b\/4\/D\/;\	
8	Does each conservation easement reported on line 2(d) above			es No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			es
9	,	•		
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	ote to the organization's imancial sta	ements that describes the	
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. o	Other Similar Assets.	
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 958		nt and balance sheet works	
	of art, historical treasures, or other similar assets held for public	·		
	service, provide in Part XIII the text of the footnote to its finance	· ·	•	
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:		, a	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
			L 4	
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS		J. 71	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$	
	Assets included in Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection litter (check all that apply): a	Pai	rt III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar As	ssets (conti	nued)	
a Public exhibition d loan or exchange program b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Ecrow and Custodial Arrangements. Complete if the organization solicitor and explain how they further the organization's exempt purpose in Part XIII. Is the organization and sent than to be maintained as part of the organization's collection? In the solid to raise funds rather than to be maintained as part of the organization solicitor. In the solid to raise funds rather than to be maintained as part of the organization of activities of the solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability. In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the solid the organization in Part XIII Check here if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. In the solid the organization and the provided in Part XIII Check here if the organization answered "Yes" on Form 990, Part IV, line 10. In the solid that the solid the provided provided provided provided provided provided provi	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sigr	nificant use	of its		
b Scholarly research e ☐ Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection? ▼ Yes № № № № № № № № № № № № № № № № № № №		collection items (check all that apply):									
c Preservation for future generations 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 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 2 Part IV Excove 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? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1b If Yes, explain the arrangement in Part XIII and complete the following table: 1c	а	Public exhibition	c	j 🔲 i	Loan or exc	hange progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 beginning balance 2 beginning balance 3 bid the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 4 but organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 5 but organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 6 but organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 7 but 1 but organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 8 but 1 but organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? 9 but 1 but 1 but 1 but 1 but 1 but 2 but 2 but 1 but 1 but 1 but 1 but 2 but 1 but 1 but 1 but 2 but 1	b	Scholarly research	e	, 🔲	Other						
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?	С	Preservation for future generations									
The sold for raise funds rather than to be maintained as part of the organization is collection? 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, 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, seplain the arrangement in Part XIII and complete the following table:	4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exemp	t purpose ir	n Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, ine 9, or representa an amount on Form 990, Part X ine 21.	5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or othe	er similar a	ssets			
Teported an amount on Form 990, Part X, line 21. Yes											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	n answered "	'Yes" on F	orm 990, Pa	art IV, line 9, o	٢	
on Form 990, Part X? Yes		reported an amount on Form 990, Pa	rt X, line 21.								
b 1"Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontributions	s or other ass	ets not ind	cluded			_
b 1"Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?							Yes		No
c Beginning balance d Additions during the year 1 tending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b 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. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered Tyes" on Form 990, Part IV, line 11. Part V Endowment Funds. Complete if the organizations isled as required on Schedule R? Part V Endowment Funds. Complete if the organizations isled as required on Schedule R? Part V Endowment Funds. Part V Endo	b										
d Additions during the year Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part XIII Check here if the explanation has been provided on Part XIII Part XIII Check here if the explanation has been provided on Part XIII Part XIII Check here if the explanation has been provided on Part XIII Part XIII Part XIII Check here if the explanation has been provided on Part XIII Part XIII Part XIII Part XIII Check here if the explanation has been provided on Part XIII Part									Amour	ıt	
e Distributions during the year 1 Ending balance 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 (e) Four years back (e) Four years back (e) Four years back (f) Three years back (f) Four ye	С	Beginning balance						1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						1e			
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Part X											
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four	2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ıstodial acco	unt liability	?	Yes	L	No
Table Beginning of year balance Cab Prior year Cab Prior y											
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 ▶ % b Permanent endowment ▶ % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organization (iii) Related organization (iv) Related organization (iv) Related organization (iii) Related organization (iv) Rel	Pai	t V Endowment Funds. Complete									
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			(a) Current year	(b) P	rior year	(c) Two year	rs back (c) Three years	back (e) Fou	r years	back
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 ▶	1a										
d Grants or scholarships	b	Contributions									
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	С	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
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 ▶	е	Other expenditures for facilities									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
Board designated or quasi-endowment ▶	g										
b Permanent endowment	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)) held as:					
to Term endowment	а	Board designated or quasi-endowment		_%							
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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment e Other Other Other 62,300. 62,300.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other Other Other Other Other Are there endowment funds are held and administered for the organization 3a(i) 3a(i) 4 Description of Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements 2 , 385	С	Term endowment	_%								
by:		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(ii) Unrelated organizations (iii) Related organizations (iii) (iii) Park (iii) (iii) Park (iii) (iii) Park (iii) (iii) Park (iii) (iii) (iii) Park (iii) (iii) (iii) Park (iii) (iii) (iii) Park (iii) (iii	За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for the	organizatior	ו		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 4 Equipment 5 Suidings 6 Suidings 6 Cother 6 Suidings 7 Suidings 8 Suidings 9 Suidings 9 Suidings 10 Suidings 11 Suidings 12 Suidings 13 Suidings 14 Suidings 15 Suidings 16 Suidings 17 Suidings 18 Suidings 19 Suidings 10 Suidings 10 Suidings 10 Suidings 11 Suidings 12 Suidings 13 Suidings 14 Suidings 15 Suidings 16 Suidings 17 Suidings 18 Suidings 19 Suidings 10 Suidings 10 Suidings 10 Suidings 11 Suidings 12 Suidings 13 Suidings 14 Suidings 15 Suidings 16 Suidings 17 Suidings 18 Suidings 19 Suidings 10 Suidings 10 Suidings 10 Suidings 11 Suidings 12 Suidings 13 Suidings 14 Suidings 15 Suidings 16 Suidings 17 Suidings 18 Suidings 18 Suidings 18 Suidings 19 Suidings 10 Suidings		-								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 Buildings c Leasehold improvements d Equipment e Other Other											
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 1a Land bBuildings CLeasehold improvements 2,385. 2,385. 0. d Equipment 38,884. 38,884. 0. e Other 62,300. 62,300. 0.		(ii) Related organizations							3a(ii)		
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	b										
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				wment fu	ınds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other Other Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 2, 385. 2, 385. 0. 38, 884. 38, 884. 0.	Pai			D-4 IV	lina 44 a O		Dart V. III	- 10			
tall Land basis (investment) basis (other) depreciation b Buildings 2,385. 2,385. 0. c Leasehold improvements 2,385. 2,385. 0. d Equipment 38,884. 38,884. 0. e Other 62,300. 62,300. 0.						T			T		
1a Land b Buildings c Leasehold improvements 2,385. 2,385. 0. d Equipment 38,884. 38,884. 0. e Other 62,300. 62,300. 0.		Description of property	1 ' '			I	٠,		(d) Boo	ok valu	е
b Buildings 2,385. 2,385. 0. c Leasehold improvements 38,884. 38,884. 0. d Equipment 62,300. 62,300. 0.			<u> </u>	nent)	Basis	(otrier)	aepr	естаноп			
c Leasehold improvements 2,385. 2,385. 0. d Equipment 38,884. 38,884. 0. e Other 62,300. 62,300. 0.	_										
d Equipment 38,884. 38,884. 0. e Other 62,300. 62,300. 0.						2 205		2 205			
e Other 62,300. 62,300. 0.			I				,		_		
								J∠,3UU ►	•		

Schedule D (Form 990) 2021

	ILDERNESS INC.	42-	1573695	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of secur	ity) (b) Book value	(c) Method of valuation: Cost or end-	of-year market val	lue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u>∤▶ </u>			
Part VIII Investments - Program Related		4 - 0 - Favor 000 Bart V Page 40		
Complete if the organization answered "Y				l
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market vai	lue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)	+			
(6)	+			
<u>(7)</u>				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Y	es" on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.		
	(a) Description	, ,	(b) Book valu	
(1)				
(2)				
(3)				-
(4)				-
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B	!) line 15.)	>		
Part X Other Liabilities.				
Complete if the organization answered "Y	'es" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book valu	re
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

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 ... X

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
	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	610,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,891.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	-1,891. 612,672.
3	Subtract line 2e from line 1			3	612,672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b				-	0
_	Add lines 4a and 4b			4c	612 672
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat	omente With F	vnenses ner I	5 Poturn	612,672.
Га			zypenses per r	netuiii.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line				700,168.
1				1	700,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities				
b		1 4 1		-	
d	0 (5			-	
				2e	0.
3	Subtract line 2e from line 1			3	700,168.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	700,168.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		l; Part X, I	ine 2; Part XI,
111162	20 and 40, and Fart An, lines 20 and 40. Also complete this part to provide any	additional imornia	ition.		
D 7 T	om v itnih ().				
PAI	RT X, LINE 2:				
THE	E ORGANIZATION IS EXEMPT FROM FEDERAL IN	COME TAXES	S UNDER SE	CTION	1
501	1(C)(3) OF THE INTERNAL REVENUE CODE AND	TS CLASSI	FFED AS A		
		ID CLINDS		-	
<u>17(</u>	O(B)(1)(A)(VI) PUBLIC CHARITY.				
THE	E ORGANIZATION ACCOUNTS FOR UNCERTAIN TA	X POSITION	NS, WHEN I	T IS	MORE
LIE	KELY THAN NOT, THAT SUCH AN ASSET OR A L	IABILITY V	VILL BE RE	ALIZE	ED. AS OF
JUI	NE 30, 2022 AND 2021, MANAGEMENT BELIEVE	S THERE WI	ERE NO UNC	ERTA]	IN TAX
<u> PU</u>	SITIONS.				
PAI	RT V, LINE 4				

TEMPORARY ENDOWMENT FUNDS ARE USED TO FURTHER THE DESIGNATED ACTIVITIES OF

SCHEDULE G (Form 990)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOTICHON WITTDEDNESS THE

Employer identification number 12-1573695

	MILDERNESS INC.				42-13/3		
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? • No • 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) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Fotal			>				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is exempt from re	gistration 	

132081 10-21-21

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

Schedule G (Form 990) 2021

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

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 ANNUAL	(b) Event #2 OTHER	(c) Other events NONE	(d) Total events		
			LUNCHEON	FUNDRAISING		(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
ηne								
Revenue	1	Gross receipts	159,350.	40,800.		200,150.		
	2	Less: Contributions	132,192.	40,800.		172,992.		
	3	Gross income (line 1 minus line 2)	27,158.			27,158.		
	4	Cash prizes						
	5	Noncash prizes						
seuses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	27,158.			27,158.		
	8	Entertainment						
	9	Other direct expenses						
	10				>	27,158.		
	11	Net income summary. Subtract line 10 from li)	0.		
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.						
une			(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						
Ś	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
irect E	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No	☐ 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)		>			
		ter the state(s) in which the organization condu						
		the organization licensed to conduct gaming a				Yes No		
b	If "	No," explain:						
	_							
		ere any of the organization's gaming licenses re				Yes No		
,	11	Yes," explain:						
	_							
	_							

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 HOUSTON WILDERNESS INC. 42-1573 695 Page 3 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 9% b An outside facility 13b 9% 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 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 ▶ \$ and the amount of gaming revenue retained by the third party C If "Yes," enter name and address of the third party: Name ▶ Address ▶							
to administer charitable gaming?							
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 9% b An outside facility 13b 9% 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
a The organization's facility b An outside facility 13a							
b An outside facility							
Name ► Address ► and the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address of the third party: Address ► and the amount of gaming revenue received by the organization Address ► Address ► and the amount of gaming revenue received by the third party:							
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
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 ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶							
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶							
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶							
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶							
c If "Yes," enter name and address of the third party: Name ▶ Address ▶							
Address ►							
16 Gaming manager information:							
Name ▶							
Gaming manager compensation > \$							
Description of services provided							
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?							
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 \(\) \\$ 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 G (Fo	orm 990)	HOUSTON WILDERNESS	INC.	42-1573695	Page 4
Part IV S	orm 990) Supplemental Infor	mation _(continued)			
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HOUSTON WILDERNESS INC.

Employer identification number 42-1573695

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
INTERESTS TO PROTECT AND PROMOTE THE 10 DIVERSE ECOREGIONS OF THE 13+				
COUNTY AREA AROUND HOUSTON, GALVESTON BAY, AND THE GULF OF MEXICO,				
INCLUDING COASTAL PRAIRIES, FORESTS, WETLANDS, AND WATERWAYS.				
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
WETLANDS, AND WATERWAYS.				
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:				
SHORELINES, AND BIOSWALES, TO 50% OF LAND COVERAGE BY 2040, AND (3)				
PROVIDING RESEARCH AND ADVOCACY FOR AN INCREASE OF 0.4% ANNUALLY IN AIR				
QUALITY OFFSETS THROUGH CARBON ABSORPTION IN NATIVE SOILS, PLANTS,				
TREES, AND OYSTER REEFS THROUGHOUT THE EIGHT COUNTY REGION				
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
GREAT GREEN QUEST AND WILDERNESS PASSPORTS				
EXPENSES \$ 31,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
GREAT GREEN QUEST AND WILDERNESS PASSPORTS				
EXPENSES \$ 59,685. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
ECO-SYSTEMS SERVICES				
EXPENSES \$ 12,583. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
FORM 990, PART VI, SECTION B, LINE 11B:				
REVIEW AND APPROVAL AT BOARD OF DIRECTORS MEETING.				

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

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
HOUSTON WILDERNESS INC.	42-1573695
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL CONFIRMATION OF COMPLIANCE PROVIDED IN WRITING BY B	OARD.
FORM 990, PART VI, SECTION B, LINE 15A:	
BOARD EVALUATES COMPENSATION ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
REQUIRED DOCUMENTS ON HOUSTON WILDERNESS WEBSITE.	