4798-DR

Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address HOUSTON HUMANE SOCIETY 74-1340341 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 14700 ALMEDA ROAD 713-433-6421 return/ termin-ated City or town, state or province, country, and ZIP or foreign postal code 27,687,656. G Gross receipts \$ Amended HOUSTON, TX 77053 H(a) Is this a group return Applica-F Name and address of principal officer: ALISON MALKHASSIAN for subordinates? Yes X No pending H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 527 4947(a)(1) or If "No," attach a list. See instructions WWW.HOUSTONHUMANE.ORG J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1958 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: THE CARE, ADOPTION, EDUCATION, Activities & Governance AND/OR PREVENTION OF CRUELTY TO ANIMALS Check this box \perp if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 165 5 Total number of volunteers (estimate if necessary) 555 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 664,140. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 9,560,520. 6,225,060. Revenue Program service revenue (Part VIII, line 2g) 3,198,117. 3,700,308. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 325,556. 626,694. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 236,773. 236,128. 13,320,966. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,788,190. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,411,769 5,348,662. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 276,711. 187,952. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,004,102. 7,282,313. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,692,582. 12,818,927. 3,628,384. -2,030,737. 19 Revenue less expenses. Subtract line 18 from line 12 ces ces **Beginning of Current Year** End of Year 29,944,974. 28,774,233. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 476,216. 603,653. Net / 22 468,758. Net assets or fund balances. Subtract line 21 from line 20 28,170,580. 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. Electronically Filed with the IRS Date Sign ALISON MALKHASSIAN, INTERIM EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparents signature Paid JAMES S. GRIFFING 11/18/2024 self-employed P00475060 GRIFFING & COMPANY, Preparer Firm's name Firm's EIN 76-0233695 Use Only Firm's address ONE SUGAR CREEK CTR BLVD, SUGAR LAND, TX 77478 Phone no. 281-491-8866 May the IRS discuss this return with the preparer shown above? See instructions X Yes

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Other program	sanjisas (Dasariha an Schadula O.)		
(Expenses \$	services (Describe on Schedule O.) 787,032. including grants of \$) (Revenue \$	11,441.
Total program	service expenses 11.884.075.		*

WILDLIFE THREATENED BY THE LOSS OF HABITAT.

Form 990 (2023) HOUSTON HUMA Part IV Checklist of Required Schedules

Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				Yes	No
2 Is the organization engage in direct or inderted prolifectal campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(6) arganization. Did the organization organization. Did the organization organization organization organization assetton 501(6)(6), 501(6)(5), or 501(6)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in part Vies," complete Schedule C, Part II "Yes," complete Schedule C, Part II" "Yes," complete Schedule C, Part III" "Yes," complete Schedule C, Part III" "Yes," complete Schedule C, Part III" "Yes," complete Schedule C, Part II" "Yes," complete Schedule D, Part IV" "Yes, "complete Schedule D, Part IV" "Yes," complete Schedule D, Part IV" "Yes, "complete Schedule D, Part IV" "Yes," complete Schedule D, Part IV" "Yes,"	1		1	х	
3 I Lithe organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officers if "Pies" complete Schedule (P. Part I) 4 Section SO1(c)(3) organization. Did the organization engage in lobbying activities, or have a section SO1(f)) election in effect during the tax year If "Pies", complete Schedule (P. Part I) 5 Is the organization as estion SO1(c)(4). SO1(c)(5), c.SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Pies", complete Schedule (P. Part II) 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes", complete Schedule D, Part II Did the organization required rold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures II" "Yes", complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization receptor or through a related organization, hold assets in donor estricted endowments 11 The organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IVI 12 Did the organization report an amount for interestines in Part X, line 107 If "Yes," complete Schedule D, Part IVII 13 Did the organization report an amount for interestines program related in Part X, line 107 If "Yes," complete Schedule D, Part IVII 14 Did the organization report an amount for other assets in Part X, ine 15, that	2			1772553	_
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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 Rey. Proc. 98.1917 if "Yes," complete Schedule D, Part III which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for which denors have the right to provide advice or the distribution or investment in received for the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III III III III III III III III III I	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			5000-
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X	21		2500		37
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

Pa	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			17
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	051		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	\vdash	Δ
20	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,	20		
	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? /f "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,		0.001	Date
	instructions for applicable filing thresholds, conditions, and exceptions):			M,
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes, " complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
19000	contributions? If "Yes," complete Schedule M	30	\square	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			
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34		24		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
570	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	. 1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			لط
200	Facility 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 41 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	1 1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		5 E -	1
C	(gambling) winnings to prize winners?	4-	x	-

Form 990 (2023) HOUSTON HUMANE SOCIETY

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Thy		
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	IIV V	A 1	Time.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	13/25		- 35
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		-00		
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	0.00
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	21	-
C	to file Form 8282?	7.		х
4	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		Λ
		-		2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-,7-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			X
0	sponsoring organization have excess business holdings at any time during the year?	8		Λ
9	Sponsoring organizations maintaining donor advised funds.		WAS	v
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
2020	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Λ
10	Section 501(c)(7) organizations. Enter:		- 7.1	
	Initiation fees and capital contributions included on Part VIII, line 12			
	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 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		817	
	amounts due or received from them.)		10	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	dhe i	P 16	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
200	Note: See the instructions for additional information the organization must report on Schedule O.		34	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand	, W		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
	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			
	excess parachute payment(s) during the year?	15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.	OFF	i e ig	1
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O.	N G I	, T	
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-11-11		

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Form 990 (2023)

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.

800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T.	Ι
15	Enter the number of voting members of the governing body at the end of the tax year	1	Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	2	,	Mary.	
2	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Market Specific Action 1.		1.24	~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
3		_	1	- V
4	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		X
5	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			٠,,
40	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		**	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
0202	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
1000	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	19790000	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		P. V	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		E // 8	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	77		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed TX			
	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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	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			
	HOUSTON HUMANE SOCIETY - 713-433-6421			
	14700 ALMEDA ROAD, HOUSTON, TX 77053			

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Form 990 (2023)

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GARY POON PRESIDENT & CEO	40.00	х		х				190,162.	0.	39,975.
(2) TONY MALONE	40.00									72.00
MEDICAL DIRECTOR		1				х		190,000.	0.	15,720.
(3) JENNIFER W JANSSEN EMPLOYEE	40.00					х		141,692.	0.	0.
(4) CHERYL RENEE HOGGARD	40.00			Т						
EMPLOYEE		1				х		129,116.	0.	0.
(5) GREGORY EVANS	40.00									
EMPLOYEE		1				Х		100,720.	0.	3,900.
(6) SHERRY FERGUSON	8.00					П				
EXEC DIRECTOR EMERITUS		X						66,000.	0.	0.
(7) CYNTHIA A.K. RIGONI	2.00									
SECRETARY		X						21,600.	0.	0.
(8) BEVERLY BRANNAN	2.00									
CHAIR		Х						0.	0.	0.
(9) ANDY FLORES	2.00									
TREASURER		Х						0.	0.	0.
(10) ALISON MALKHASSIAN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BRETT ECKERT	2.00								_	_
DIRECTOR	0.00	Х				Ш		0.	0.	0.
(12) EHREN ROEHL	2.00	,,								
DIRECTOR (13) KIMBERLY EVANS	2 00	Х	Ш			Ш		0.	0.	0.
DIRECTOR	2.00	x							•	•
(14) NEHA SMITH	2.00	Δ	\vdash				_	0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
		ـــا						l		

Name and title Average hours per week (fist any) hours for related organizations. Below line) 1b Subtotal 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c). 2 Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. September 12 If Yes, complete Schedule J for such individual. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated may have a rendered to the organization spreader than \$150,000? If Yes, 'complete Schedule J for such individual	(F) Estimated mount of other mpensation from the ganization nd related ganizations
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Documbes person is both and received more than \$100,000 of reportable compensation from the organization is and the organization of the organiza	other npensation from the ganization nd related
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(A) (B) (C)	C)
Name and business address NONE Description of services Compensation	
2. Total number of independent contractors (including but not limited to the second of	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 6,225,060 2,543,655. g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 6,225,060 **Business Code** 2 a SERVICE FEES Program Service Revenue 541900 3,700,308 3,700,308 f All other program service revenue 3,700,308 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 550,382 550,382, Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6c c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a 16,939,324 b Less: cost or other basis Other Revenue and sales expenses 16,863,012, 7b 76,312. d Net gain or (loss) 76,312 76,312. 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 200,141 36,454. b Less: direct expenses 163,687 163,687. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 9,318 b Less: cost of goods sold 10b 9,318. c Net income or (loss) from sales of inventory 9,318, **Business Code** Miscellaneous Revenue 11 a T-SHIRTS & LEASHES 900099 28,128, 28,128. b OTHER INCOME 900099 27,480. 27,480. c RAIDER CASE 7,515 900099 7,515 d All other revenue e Total. Add lines 11a-11d 63,123. Total revenue. See instructions 10,788,190. 3,735,303. 664,140. 163,687.

Form 990 (2023) HOUSTON HUMAN Part IX Statement of Functional Expenses

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

1 Grants and other assistance to domestic organizations and domestic governments, see Part IV, line 22 2 Grants and other assistance to foremetic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 22 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees contributions (include approximate) and the section 4958(c)(3)(8) 6 Parsion plan accruais and contributions (include section 4958(c)(3)(8) 7 Other employee benefits 9 Payroli taxes 1 Fees for services (nonemployees): 1 Management 1 Legal CACCOUNTING (Inc. 12) 1 Legal CACCOUNTING (Inc. 12) 1 Advertising and promotion of Londout State of California (Inc. 12) 2 Advertising and promotion of Londout State of California (Inc. 12) 2 Advertising and promotion of Londout State of California (Inc. 12) 2 Advertising and promotion of California (Inc. 12) 2 Advertising and promotion of California (Inc. 12) 3 Office expenses of California (Inc. 12) 4 Occupancy 1 Travel Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal, state, or local public officials. Conference, conventions, and meetings for any federal of the propagation of pr		Check if Schedule O contains a respor not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	nse or note to any line in (A) Total expenses	this Part IX	(C) Management and general expenses	(D) Fundraising expenses
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22 Depreciation, depletion, and amortization 379,590. 302,400. 55,590. 21,6						
23 Insurance		Depreciation, depletion, and amortization	379,590.	302,400.	55,590.	21,600.
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.) a COST OF GOODS SOLD b CONTRACTED SERVICES c BANK CHARGES d MAINTENANCE & REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		Panerona marco				50,424.
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.) a COST OF GOODS SOLD b CONTRACTED SERVICES c BANK CHARGES d MAINTENANCE & REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
a COST OF GOODS SOLD b CONTRACTED SERVICES c BANK CHARGES d MAINTENANCE & REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 3,721,916. 3,721,916. 3,721,916. 1,136,869. 1,092,848. 200,931. 169,399. 30,149. 1,3 190,678. 190,678. 12,818,927. 11,884,075. 256,758. 678,0		line 24e amount exceeds 10% of line 25, column (A),				
b CONTRACTED SERVICES c BANK CHARGES d MAINTENANCE & REPAIRS e All other expenses Total functional expenses. Add lines 1 through 24e 200,931. 169,399. 30,149. 1,3 190,678. 190,678. 772,808. 624,171. 30,444. 118,1 12,818,927. 11,884,075. 256,758. 678,0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		3,721,916.	3,721,916.		
BANK CHARGES 200,931. 169,399. 30,149. 1,3 MAINTENANCE & REPAIRS 190,678. 190,678. E	b	CONTRACTED SERVICES		1,092,848.		44,021.
MAINTENANCE & REPAIRS 190,678	С	BANK CHARGES			30,149.	1,383.
Total functional expenses. Add lines 1 through 24e 12,818,927. 11,884,075. 256,758. 678,0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d	MAINTENANCE & REPAIRS	190,678.			
Total functional expenses. Add lines 1 through 24e 12,818,927. 11,884,075. 256,758. 678,0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses			30,444.	118,193.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·				678,094.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
100 VIII 100		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)	W.	247.4		

Form 990 (2023) Part X Balance Sheet

<u> </u>	irt X	Check if Schedule O contains a response or not	te to an	y line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1					1	
	2	Savings and temporary cash investments			5,240,065.	2	1,309,759
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			N. I.	4	
	5	Loans and other receivables from any current o	r forme	r officer, director,		Was	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			1,128.	8	1,868
4	9	Prepaid expenses and deferred charges	······		10,532.	9	8,932
	10a	Land, buildings, and equipment: cost or other		16 210 010			
		basis. Complete Part VI of Schedule D	10a	16,312,910.	0 200 000		10 640 565
		Less: accumulated depreciation	10b	5,6/2,145.	9,377,298.	10c	10,640,765.
	11	Investments - publicly traded securities			15 215 051	11	16 010 000
	12	Investments - other securities. See Part IV, line 1			15,315,951.	12	16,812,909.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			20 044 074	15	20 774 222
	16	Total assets. Add lines 1 through 15 (must equ			29,944,974. 350,323.	16	28,774,233
	17	Accounts payable and accrued expenses			350,323.	17	404,185.
	18	Grants payable		······		18	-
	20	Deferred revenue				19	
	21	Tax-exempt bond liabilities		of Cabadula D		20	
'n	22	Loans and other payables to any current or form		Control of the Contro		21	
Liabilities	22	trustee, key employee, creator or founder, subst					
iliq		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	<u> </u>
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines	50				
		of Schedule D	95	2	125,893.	25	199,468.
	26	Total liabilities. Add lines 17 through 25			476,216.	26	603,653.
AVE		Organizations that follow FASB ASC 958, che		77			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			26,675,829.	27	25,161,643.
Ва	28	Net assets with donor restrictions			2,792,929.	28	3,008,937.
pur		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Ne	32	Total net assets or fund balances			29,468,758.	32	28,170,580.
	33	Total liabilities and net assets/fund balances			29,944,974.	33	28,774,233.

Form 990 (2023)

Forn	1 990 (2023) HOUSTON HUMANE SOCIETY	74-13	40341	Par	ne 12
	rt XI Reconciliation of Net Assets		NOT 2 1305	, u	40
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	10,788	3,1	90.
2	Total expenses (must equal Part IX, column (A), line 25)		12,818		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,030	7,7	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		29,468		
5	Net unrealized gains (losses) on investments	5			59.
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,				
	column (B))	10	28,170	,5	80.
Pa	rt XII Financial Statements and Reporting				5.4 = BH
	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		54 E.J.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	16.12		
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	d on a			
	separate basis, consolidated basis, or both:		27.7		
	Separate basis Consolidated basis Both consolidated and separate basis		m 25 U		
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 separat	e basis,			
	consolidated basis, or both:		1120		
	X Separate basis Consolidated basis Both consolidated and separate basis		2.7		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			**	
	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 Sch	nedule O.		d PS	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

332012 12-21-23

Form 990 (2023)

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-F7.

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

Name of the organization

Employer identification number

HOUSTON HUMANE SOCIETY 74-1340341 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed in your governing document? (v) Amount of monetary (ii) EIN (iii) Type of organization (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) No above (see instructions))

332021 12-21-23

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2810670.	4649809.	5739808.	9560520.	6225060.	28985867.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3738393.	3222621.	3090985.	3198118.	3700308	16950425.
	Gross receipts from activities that	3730333.	3222021.	3030303.	3170110.	3700300.	10730423.
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		-				
6	Total. Add lines 1 through 5	6549063.	7872430.	8830793.	12758638.	9925368.	45936292.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)				Exile interest		45936292.
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	6549063.	7872430.		12758638.	9925368.	45936292.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	259,448.	256,940.	240,325.	323,155.	550,382.	1630250.
	Unrelated business taxable income	233,110.	230,310.	240,323.	323,133.	330,302.	1030230.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	259,448.	256,940.	240,325.	323,155.	550,382.	1630250.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	23371101	230,340.	240,323.	323,133.	330,302.	1030230:
- 9	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	6808511.	8129370.	9071118.	13081793.	10475750.	47566542.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion.
	check this box and stop here			90	g Britis manous richardant R		No. of the second
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	96.57 %
	Public support percentage from 2022					16	97.15 %
Sec	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	23 (line 10c, colum	nn (f), divided by lir	ne 13, column (fl)		17	3.43 %
	Investment income percentage from 2					18	2.85 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						X
	33 1/3% support tests - 2022. If the			5 757	THE PERSON OF THE PERSON OF	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization		101		. Herein in the market contract to		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.)

5.14.7	Yes	No
1	Ţ	
2		
3a	/W.E.V.	7
Ja	2.48	100
3b	11	
3c		1
	ş Yill	1
4a	N ₁₀₀ (111)	
4b	51/61	
4c		
5a	P W	
5b		
5c		
6		
7		
8		
	-	
9a		
9b		
9c		1
10a		
10b	m 990)	000

	Cupper ting Organizations (continued)			10000
	Headha annaisation ann ata de 20 ann at 11 a 12 ann at 11 ann		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		To II	97
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a	\vdash	
		11b		7
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		100
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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1.5	SIL II
	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,		44	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		Tibe)	
C	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
4	BUILD TO THE TOTAL OF THE TOTAL		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		320	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		an said	
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		AL I
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		E 0,48	
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	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		4 5 1	
	supported organizations played in this regard.	3	TELVE	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>i</i> -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
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		100	
	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,		57-1	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	10.15	LA.	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		27	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	wire:	1	Æχ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		2.07	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-7.7	
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	26		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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	1310113		
	instructions for short tax year or assets held for part of year):			The second of the second
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	By Carlot		
	(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	on 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	arak ku étak amis d	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A	(Form 990) 2023	HOUSTON	HUMANE	SOCIETY	ž.	74-1340341 Page 8
Part VI	line 1; Part IV, Section D.	, 2, 3b, 3c, 4b, 4c lines 2 and 3: Pa	t, 5a, 6, 9a, 9b t IV. Section E	, 9c, 11a, 11b, . lines 1c. 2a. 2	oy Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, line 2b, 3a, and 3b; Part V, line 1; Pa o complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, urt V. Section B. line 1e: Part V
	Gee instructions.)					
					*000	
				11		
-						
*						
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-						
						-

					-	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOUSTON HUMANE SOCIETY 74-1340341

. a	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ominiai Punus Or	Accounts. Complete if the
		(a) Donor advise	d 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 wr	riting that the assets he	eld in donor advised for	unds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose conf	erring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes	s" on Form 990, Part	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		*====
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	*******************************		2a
b	Total acreage restricted by conservation easements	***************************************		2b
C	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006,	and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	terminated by the org	anization during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspect	tion, handling of	
	violations, and enforcement of the conservation easements it h	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, ar	nd enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation	easements during the year
_				
8	Does each conservation easement reported on line 2d above s			
_	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements	that describes the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of A	Art Historical Tre	asures or Other	Similar Accets
	Complete if the organization answered "Yes" on Form 9			Olithiai Assets.
12	If the organization elected, as permitted under FASB ASC 958,			alanas abost works
14	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its financial			arice of public
b				non about works of
D	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items.	Ambition, education, or	research in furtherar	ice of public service,
				•
	THE STATE OF THE S			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas			
2				i, provide
-	the following amounts required to be reported under FASB ASC			¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$
U	ASSESTITUTED III FOR SOUTH SOU			and the same of th

Sch		HUMANE SO					74-1	34034	1 p	age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tr	easures, o	r Oth	er Simil	ar Ass	ets(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that	make s	significant	use of it	s		
	collection items (check all that apply).									
а	Public exhibition	c	I Loan or exc	hange prograi	m					
b	Scholarly research	e		**						
С	Preservation for future generations									-
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organizatio	n's exe	mpt purp	ose in Pa	ırt XIII.		
5	During the year, did the organization solicit of									
-	to be sold to raise funds rather than to be m	aintained as part of	the organization's co	ollection?			C	Yes		No
Pa	rt IV Escrow and Custodial Arran	i gements Comple	te if the organization	answered "Y	'es" on	Form 990	, Part IV	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.					_0			
1a	Is the organization an agent, trustee, custod	lian, or other interme	diary for contribution	ns or other as:	sets no	t included				
	on Form 990, Part X?				•••••		[Yes	X	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
C	Beginning balance		*******************************	• • • • • • • • • • • • • • • • • • • •		1c				3
d	Additions during the year		***************************************			1d				
е	Distributions during the year					. 1e				
f	Ending balance					1f				
	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial accou	ınt liabil	lity?		Yes	L	No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds Complete if						****			
		(a) Current year	(b) Prior year	(c) Two years	_	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	838,163.	838,163.	838	,163.	8	38,163	•	838	,163.
b	Contributions									
С	Net investment earnings, gains, and losses									
	F. communication									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	838,163.	838,163.		,163.	8	38,163	•	838	,163.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	i)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	2002	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administer	ed for th	he		r		
	organization by:								Yes	
	(i) Unrelated organizations?							3a(i)		X
100	(ii) Related organizations?					••••••		3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule R?					3b		
<u>4</u>	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pai										
	Complete if the organization answere									
	Description of property	(a) Cost or of			0.0000000000000000000000000000000000000	ccumulate	ed	(d) Bool	k valu	е
	F 3	basis (investment) basis (other) depreciation								
	Land			7,319.	2 (704 0	20	4,00		
b	Buildings	A180	9,89	3,142.	3,6	84,0	50.	6,20	9,0	62.
	Leasehold improvements		1 41	220	1 1	F1 C		0.0	-	
	Equipment			2,328.		151,7				72.
	Other			0,121.		336,30				12.
otal	. Add lines 1a through 1e. (Column (d) must e	uuai rorm 990. Part	A. IINE TUC. COIUMN	(BI)			- 2	.0,64	U . /	00.

Schedule D (Form 990) 2023

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
1) Financial derivatives						
2) Closely held equity interests						
3) Other						
(A) EQUITY SECURITIES	6,633,928.	END-OF-YEAR MARKET VALUE				
(B) FIXED INCOME TAXABLE BOND						
(C) FUNDS	1,395,742.	END-OF-YEAR MARKET VALUE				
(D) CERTIFICATES OF DEPOSIT	6,580,909.	END-OF-YEAR MARKET VALUE				
(E) US TREASURY NOTES	2,202,330.	END-OF-YEAR MARKET VALUE				
(F)						
(G)						
(H)						
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	16,812,909.					

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED PAYROLL	150,029.
(3)	PAYROLL TAXES PAYABLE	49,366.
(4)	SALES TAX PAYABLE	73.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	199,468.

^{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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING -1.

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization							ntification number
	HUMANE SOCIETY					74-1340	
Part I Fundraising Activities required to complete this pa	 Complete if the organization answ rt. 	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
Indicate whether the organization rai	e Solicita f Solicita g X Specia	ation of ation of I fundra	non-g gover aising	overnment grants nment grants events		3	
key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	Part VII) or entity in connection with prividuals or entities (fundraisers) purs	profess	ional t	undraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ALPHA DOG MARKETING - 9060	GRAPHIC DESIGN, PRINTING	Yes	No				
ANDERMATT DRIVE, LINCOLN, NE	AND STRATEGY FOR DIRECT		X	595,961.		415,801.	180,160.
DA 8 27				NOVOCO STATE			and the same of th
Total List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	595,961.	d it is	415,801.	180,160.
			1				

332082 09-13-23

Schedule G (Form 990) 2023

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr						
			(a) Event #1 COMPANION CAMP (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	109,550.		48,328.	200,141.		
Œ		Less: Contributions		,	,			
_		Gross income (line 1 minus line 2)	109,550.	42,263.	48,328.	200,141.		
	4	Cash prizes						
es	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct B	7	Food and beverages						
	8 9	Entertainment Other direct expenses	17,073.	9,813.	9,568.	36,454.		
	10	Direct expense summary. Add lines 4 through				36,454. 163,687.		
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than							
		\$15,000 on Form 990-EZ, line 6a.	answered tes offform	1990, Fart IV, iiile 19, 01	reported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
а	Ent	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	icts gaming activities: ctivities in each of these	states?		Yes No		
	_							
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes No		
	_			10.00				

Schedule G (Form 990) 2023	HOUSTON HUMAN	E SOCIETY		74-1340341 Page 3
11 Does the organization conduct g	aming activities with nonmen	nbers?		Yes No
12 Is the organization a grantor, ber				
to administer charitable gaming?			***************************************	Yes No
13 Indicate the percentage of gamir				
a The organization's facility				13a %
b An outside facility	***************************************			
14 Enter the name and address of t	ne person who prepares the o	organization's gaming/sp	oecial events books an	d records:
Name			**	
Address				
15a Does the organization have a con	ntract with a third party from v	whom the organization re	eceives gaming revenu	ue? Yes No
b If "Yes," enter the amount of gan	ning revenue received by the	organization \$	and t	the amount
of gaming revenue retained by th	e third party \$			
c If "Yes," enter name and address				
Name				
Address				
			-	11-1-1-1
16 Gaming manager information:				
Name		1176		
Gaming manager compensation	\$			
Description of services provided				
bescription of services provided				
No. 1860				
Director/officer	Employee	Independent contr	actor	
17 Mandatory distributions:				
a Is the organization required unde	r state law to make charitable	distributions from the c	aming proceeds to	
retain the state gaming license?		이 그리는 보는 생각이 어려워 하는 사람이 그런 보고 있다면 하는데		Yes No
b Enter the amount of distributions				
organization's own exempt activi			tompt organizations of	openium ino
		nations required by Part	I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
The second of th	s applicable. Also provide any			
SCHEDULE G, PART I,	T.TNE 2D T.TCM	OF WENT DICE	פמת מאדם ביוו	AIDDATCEDC.
BCHEDOLE G, PART I,	DINE ZD, DIST	OF TEN HIGH	EST PAID FOI	IDRAIBERS:
(I) NAME OF FUNDRAI	SER: ALPHA DOG	MARKETING		
(I) ADDRESS OF FUND	RAISER: 9060 AM	NDERMATT DRIV	VE, LINCOLN	, NE 68526
(II) ACTIVITY: GRAP	HIC DESIGN. PR	INTING AND S	TRATEGY FOR	DIRECT MARKETING
PART I, LINE 2B, CO	LUMN (V):			
PAYMENTS TO FUNDRAI	SER ALSO INCLUI	DES REIMBURS	EMENTS FOR F	PRINTING COSTS.
THE PRINTING COSTS				

Schedule G (Form 990) HOUSTON HUMANE SOCIETY	74-1340341	Page 4
Schedule G (Form 990) HOUSTON HUMANE SOCIETY Part IV Supplemental Information (continued)		
ODADUTOG AGRUAL DRIAMING GOGRE OF BIRISH WATER ADVISOR	6	
GRAPHICS, ACTUAL PRINTING COSTS OR DIRECT MAIL ADVICE. ONLY	×	
REIMBURSEMENTS FOR POSTAGE ARE SEPARATELY STATED.		
REIMBORDEMENTS FOR FOSTAGE ARE SEFARATELL STATED.		-

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

HOUSTON HUMANE SOCIETY

OMB No. 1545-0047

Inspection

Employer identification number

74-1340341

P	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	. 1		1
	Travel for companions Payments for business use of personal residence		N BY	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	16.5	35.16	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			45
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			144
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		27.5	light.
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		1 1		1
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		8-1	100
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
11/6/	organization or a related organization:		i (4)	
а	Receive a severance payment or change-of-control payment?	4a		Х
b		4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		7	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		16.5	Per
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	-15	3 - 3	9
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		10,10	
	contingent on the net earnings of:		901	, E
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	1 3	5	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	T-8		200
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HOUSTON HUMANE SOCIETY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		n of W	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
GARY POON	Ξ	184,740.	5,422.	0	35,866.	4,109.	230,137.	0
PRESIDENT & CEO	(ii)		0	0	0	0	0	0
(2) TONY MALONE	ε	190,000.	0	0	11,611.	4,109.	205,720.	0
MEDICAL DIRECTOR	Ξ	0	0	0.	0	0		0
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							Schedu	Schedule J (Form 990) 2023

Schedule J [Form 990] 2023
rrovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of Internal Revenu		Go t	o ww				ructions and the la	test information.				spect		IIC
Name of th	e organization								Em	ploye	r ident	ificat	on nu	mber
		HOUSTON	I H	UMANE SC	CIE	TY					3403			
Part I							ion 501(c)(4), and se	ection 501(c)(29) org						
								b; or Form 990-EZ, P						
1			50 0%	(b) Relationship between disqualified								(d) Co		cted?
(a) Nar	ne of disqualified	person	3 3	person and organization (c) Description of transaction								-	es	No
(1)								344				+		
(2)														
(3)														
(4)					20-50-									
(5)														
(6)														
2 Enter 1	the amount of tax	cincurred by	the or	rganization mar	agers	or disc	qualified persons du	ring the year under						
section	n 4958					******				\$				
3 Enter f	he amount of tax	k, if any, on lin	ie 2, a	above, reimburs	ed by	the org	ganization			\$				

Part II	Loans to an	id/or From	Inte	erested Per	sons									
	Complete if the	organization	answ	vered "Yes" on	Form 9	990-EZ	Part V, line 38a, or	Form 990, Part IV, li	ne 26	or if t	he org	anizat	ion	
	reported an am	ount on Form	990,	, Part X, line 5, 6	5, or 2	2.							and I	
	Name of	(b) Relation		(c) Purpose		an to or	(e) Original	(f) Balance due) In	(h) Ap	proved ard or	1 (1)	/ritten
intere	ested person	with organiz	ation	of loan		zation?	principal amount		default?			ittee?	agree	ment?
-					То	From			Yes	No	Yes	No	Yes	No
(1)							1000							
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(10)											-			L
Part III	Grants or A	ssistanas	Don	ofiting Into		d Day	\$			107 ¹ 11		IV- EVI		- 5
raitiii														
	Complete if the		T					1		-			5 ~ 7.5 % 7.5	
(a) Na	ame of interested	person		 b) Relationship interested pers 			(c) Amount of assistance	(d) Type assistan) Purp assista		ě
			1	the organiza		٠	assistance	assistan				2001010	21100	
(1)			-			\dashv				+				
(1)			<u> </u>							-		-		
(3)			1							\dashv				
(4)			 							+				
(5)			\vdash	···						-	_			
(6)										\dashv				
(7)			\vdash							\dashv				

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

Schedule L (Form 990) 2023

(8) (9) (10)

Chedule L	(10111 990) 2023	110001011	TIGITATI	POCTULI	14_エコチのコチエ	Page 2
Part IV	Business Tra	ansactions Involving	Interested	l Persons		

(C) AMOUNT OF TRANSACTION \$ 21,600. RECEIVED FEES FOR VETERINARIAN SERVICES. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: SHERRY FERGUSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD OF DIRECTOR MEMBER (C) AMOUNT OF TRANSACTION \$ 66,000. (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
InjCYNTHIA RIGONI, DVM SECRETARY OF THE BG 21,600. X 22)SHERRY FERGUSON BOARD OF DIRECTOR M 66,000.CONSULTING X (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	a grand was a second of the se	(b) Relationship between interested	(c) Amount of		organiz	zation's
2) SHERRY FERGUSON BOARD OF DIRECTOR M 66,000.CONSULTING X (S) (4) (9) (6) (7) (8) (9) (10) (10) (10) (10) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	CVNIEUTA DICONII DIDI		04 600		Yes	
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[4] [5] [6] [7] [8] [9] [10] [Part V] Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CYNTHIA RIGONI, DVM (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SECRETARY OF THE BOARD OF DIRECTORS (C) AMOUNT OF TRANSACTION \$ 21,600. RECEIVED FEES FOR VETERINARIAN SERVICES. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: SHERRY FERGUSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD OF DIRECTOR MEMBER (C) AMOUNT OF TRANSACTION \$ 66,000. (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON		BOARD OF DIRECTOR M	66,000.	CONSULTING		X
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(A) NAME OF PERSON: SHERRY FERGUSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD OF DIRECTOR MEMBER (C) AMOUNT OF TRANSACTION \$ 66,000. (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON	RECEIVED FEES FOR VETERINA	RIAN SERVICES.				
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD OF DIRECTOR MEMBER (C) AMOUNT OF TRANSACTION \$ 66,000. (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON	(E) SHARING OF ORGANIZATIO	N REVENUES? = NO		-		
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(C) AMOUNT OF TRANSACTION \$ 66,000. (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON	(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ORGANIZAT	ION:		
(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A CONSULTING FIRM OWNED BY SHERRY FERGUSON	BOARD OF DIRECTOR MEMBER					
CONSULTING FIRM OWNED BY SHERRY FERGUSON	(C) AMOUNT OF TRANSACTION	\$ 66,000.				
	(D) DESCRIPTION OF TRANSAC	TION: CONSULTING SE	RVICES ARE	PROVIDED BY	Α	
(E) SHARING OF ORGANIZATION REVENUES? = NO	CONSULTING FIRM OWNED BY S	HERRY FERGUSON				
	(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
) all a second				
			A.)			

SCHEDULE M (Form 990)

Noncash Contributions

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	HOUSTON HUMA	NE SOC	IETY		74-	-1340	341	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			is
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	V						
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	5 Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ANIMAL, MEDICAL)	X	2,348	2,543,655.	ESTIMATED	FAIR	VA	LUE
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	1,13		
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used t	or	F 8		
	exempt purposes for the entire holding period?	?		920		30a		X
b	If "Yes," describe the arrangement in Part II.					- 11 4	Jar	15.
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of				03.0007333333773535355			
	contributions?		70.	3 · · · · · · · · · · · · · · · · · · ·		32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	y for which column (a) is chec	ked,			Jack S
	describe in Part II.	8.0			1251		Y5 .	HE W

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	HOUSTON	HUMANE	SOCIETY	74-1340341	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information	Provide the	information required by Part I, lines 30b, 32b, and 33, contributions, the number of items received, or a comb	and whether the organizat vination of both. Also comp	tion olete
			-			
		VI-A				
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					THE BUT YOUR DESIGNATION OF THE PERSON OF TH	
			171 - 18			

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number 74-1340341

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WITH THE HELP OF FULL-TIME STAFF HIRED AS CRUELTY INVESTIGATORS, HHS IS

ABLE TO RESCUE ANIMALS FROM ABUSIVE SITUATIONS, ENFORCE ANIMAL

PROTECTION LAWS THROUGH THE CIVIL COURT SYSTEM, PROSECUTE ABUSERS BY

FILING CRIMINAL CHARGES, AND EXECUTE OUTSTANDING CRIMINAL WARRANTS

EXPENSES \$ 787,032. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,441.

FORM 990, PART VI, SECTION B, LINE 11B:

ALONG WITH ANIMAL CRUELTY WARRANTS.

GRIFFING & COMPANY, P.C., AN ACCOUNTING FIRM, PREPARES THE FORM 990. THE FORM 990 IS THEN PRESENTED AT A BOARD MEETING TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY SHALL BE GIVEN TO ALL BOARD

MEMBERS, STAFF MEMBERS, VOLUNTEERS OR OTHER KEY STAKEHOLDERS UPON

COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH HHS. EACH BOARD MEMBER,

OFFICER, STAFF MEMBER AND VOLUNTEER SHALL SIGN AND DATE THE POLICY AT THE

BEGINNING OF HIS/HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR

THEREAFTER. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST

OR ANY CONDITION LISTED IN THE POLICY, THE BOARD OF DIRECTORS SHALL

DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL

VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED

NECESSARY TO ADDRESS THE CONFLICT AND PROTECT HHS' BEST INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization Employer identification number HOUSTON HUMANE SOCIETY 74-1340341 COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS, WILL BE DONE ANNUALLY BY INDEPENDENT PERSON(S) AND INCLUDE A REVIEW AND APPROVAL, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS OFFICES LOCATED AT 14700 ALMEDA ROAD, HOUSTON, TX 77053. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: BEVERLY BRANNAN - 1606 NEVADA ST, HOUSTON, TX 77006 CYNTHIA A.K. RIGONI - 15407 JUPITER DR, HOUSTON, TX 77053 ANDY FLORES - 501 E 28TH ST, HOUSTON, TX 77098 SHERRY FERGUSON - 3350 MCCUE RD APT 2002, HOUSTON, TX 77056 GARY POON - 3702 FLAT ROCK RUN, MISSOURI, TX 77459 ALISON MALKHASSIAN - 1031 W. COTTAGE, HOUSTON, TX 77009 BRETT ECKERT - 11018 PIERCE VALLEY DR, RICHMOND, TX 77406 EHREN ROEHL - 3810 CANYON LAKE DR, PEARLAND, TX 77581 KIMBERLY EVANS - 501 E 28TH ST., HOUSTON, TX 77098 NEHA SMITH - 3206 BLUEBONNET BLVD., HOUSTON, TX 77025

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C n o C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	AUTO & TRUCK									2				
83	1996 V-8 CREW CAB PICK-UP	05/21/96 200DB	200DB	5.00	HX16	21,592.				21,592.	19,580.		0	19,580.
149	TOYOTA FOR CRUELTY RESCUE	10/16/00	200DB	5.00	HY16	19,354.				19,354.	17,459.		·°	17,459
162	CRUELTY VAN	04/15/02	SL	5.00	16	30,856.				30,856.	30,856.		0.	30,856.
175	TAX ON CRUELTY VAN	02/06/03	SL	5.00	16	1,459.				1,459.	1,459.		.0	1,459
348	2016 FORD TRANSIT VAN	12/30/15	200DB	5.00	MQ17	25,278.				25,278.	25,278.		0.	25,278
385	2017 FORD ESCAPE	08/18/17	200DB	5.00	MQ17	20,802.				20,802.	20,802.		٥.	20,802
386	2017 FORD F350 TRUCK (USED)	08/18/17	200DB	5.00	MQ17	49,338.				49,338.	49,338.		0.	49,338
412	7' X 18' ADOPTION TRAILER	01/29/19	200DB	7.00	HY17	41,097.				41,097.	28,260.		3,668.	31,928,
413	TRAILER SIGN/WRAP	11/26/19	200DB	7.00	HY17	4,996.				4,996.	3,435.		446.	3,881,
422	RESCUE BOAT & TRAILER	07/20/20	200DB	5.00	MQ17	34,472.				34,472.	23,923.		4,220.	28,143,
428	2021 SUBARU FORESTER 6771	04/27/21	200DB	5.00	MQ17	26,595.				26,595.	14,627.		4,787.	19,414
429	2022 FORD F450 6695	11/29/21	2000B	5.00	MO17	74,473.				74,473.	32,024.		16,980.	49,004
437	2022 CHEVROLET TAHOE	02/15/22	200DB	5.00	HY21	60,994.	.4743			60,994.	11,200.		18,000.	29,200,
	LESS EXCLUSION		I.			-28,929.	Ī			-28,929.	-5,312.		-8,537.	-13,849.
V A	* 990 PAGE 10 TOTAL - AUTO & TRUCK					382,377.				382,377.	272,929.		39,564.	312,493
1	BUILDINGS & LAND						ne	Marine Laboration						
19	19 KENNELS	10/31/90	SL	27,50	MM1 6	98,570.				98,570.	97,517.		0	97,517,

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Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	RECLASS LEGAL FEES	12/31/90	SL	27.50	MM16	12,419.				12,419.	12,419.		0.	12,419
22	ALL-PHASE	02/28/91	SI	27,50	MM1 6	1,544.				1,544.	1,544.		0.	1,544.
23	HEATING & WIRING OLD KENNEL	12/31/92	SI	27,50	MM1 6	21,510.				21,510.	21,113.		.0	21,113
25	SW REMODELING	08/01/86	SL	20.00	16	800.				800.	800.		0	800
56	CONF COST CK #101	05/31/89	SL	27.50	MM16	300.				300.	300.		.0	300
27	CONTEXT BUILDERS CK #18742	07/31/89	SL	27.50	MM1 6	525.				525.	522.		0.	522
28	HARRY D LANE ASSOC	08/31/89	SL	27.50	MM1 6	1,607.				1,607.	1,591.		0	1,591
29	QUALITY EQUIPMENT CO	03/31/91	SI	27.50	MM1 6	523.				523.	523.		0	523
30	GRAINGER	04/01/91	SL	27.50	9 TWW	517.				517.	517.		0	517.
31	GULF-TEX	04/24/95	150SL	15.00	HY11 6	7,800.				7,800.	7,800.		0.	7,800.
33	SEPTIC TANK	08/30/95	SI	39,00	MM16	4,817.				4,817.	3,353.		124.	3,477
34	SEPTIC TANK	10/20/95	SL	39.00	MM16	7,336.				7,336.	5,075.		188.	5,263
35	SEPTIC TANK	11/16/95	SL	39.00	MM1 6	2,618.				2,618.	1,812.		67.	1,879
36	SEPTIC TANK	12/19/95	SL	39.00	MM1 6	5,906.				5,906.	4,082.		151.	4,233,
37	SEPTIC TANK	01/20/96	SL	39.00	MM1 6	3,831.				3,831.	2,642.		. 86	2,740
38	SEPTIC TANK	02/23/96	SL	39.00	MM1 6	2,025.				2,025.	1,395.		52.	1,447
39	SEPTIC TANK	04/15/96	SL	39.00	MM1 6	1,350.				1,350.	945.		35.	980
43	SHELTER & OFFICES	01/01/87	SI	20.00	16	354,616.				354,616.	354,616.		0	354,616.

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Asset No.	Description	Date Acquired	Method	Life	o C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44 I	44 LANDSCAPING	01/01/87	IS	20.00	16	7,822.				7,822.	7,822.		0	7,822.
45 B	BUILDING ADDITIONS	07/15/87	SI	27.50	MM16	25,346.				25,346.	25,346.		0.	25,346
46 J	JOHNNY NEMEC	03/08/93	SI	27.50	MM16	3,000.				3,000.	2,994.		0.	2,994
47 R	ROOF REPLACEMENT	12/31/96	SL	39.00	MM16	6,465.				6,465.	4,638.		166.	4,804
49	SPAY/NEUTER CLINIC	08/31/89	SI	27.50	MM1 6	18,887.				18,887.	18,808.		.0	18,808
20	SPAY/NEUTER CLINIC	09/30/89	SL	27.50	MM1 6	26,422.				26,422.	26,422.		0.	26,422.
51	SPAY/NEUTER CLINIC	10/31/89	SL	27.50	MM1 6	11,756.				11,756.	11,621.		0	11,621
52 8	SPAY/NEUTER CLINIC	11/30/89	SL	27.50	MM1 6	7,391.				7,391.	7,295.		0	7,295
53	SPAY/NEUTER CLINIC	12/31/89	SL	27.50	MM1 6	2,219.				2,219.	2,188.		0.	2,188
54 M	MILLER & GERISH	02/28/90	SL	27,50	MM1 6	278.				278.	278.		.0	278
58 M	KENNEL ADDITIONS	01/01/93	SL	27.50	9 TWW	23,826.				23,826.	23,826.		0	23,826
59 K	KENNEL ADDITIONS	01/01/93	SL	27.50	9 TWW	33,153.				33,153.	33,153.		0.	33,153
60 1	1ST NATIONAL BANK	01/01/93	SI	27.50	MM16	496.				496.	496.		0.	496
61 A	ALL PHASE	01/31/91	SL	27.50	MM1 6	724.				724.	. 667.		0.	199
62 A	ALL PHASE	02/28/91	SL	27.50	MM1 6	298.				298.	282.		0.	282
63 A	ALL PHASE	03/31/91	SL	27,50	MM1 6	2,338.				2,338.	2,193.		0.	2,193
64 T	TRIPLE S ASPHALT	07/31/91	SL	27,50	MM1 6	3,357.				3,357.	3,177.		0.	3,177.
65 W	WINCO	08/31/91	SL	27.50	MM16	22,200.				22,200.	21,017.		0	21,017.

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Asset No.	Description	Date Acquired	Method	Life	000>	No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	JOHNNY NEMIC	10/31/91	ZS	27.50	MM	9	1,765.				1,765.	1,667.		0.	1,667
67 F	ROBERT COREALE BUILDERS	11/0/11	SI	27.50	MM	9	1,177.				1,177.	1,119.		0	1,119.
89	JOHNNY NEMIC	11/22/91	SI	27,50	MM	9	4,910.				4,910.	4,660.		0	4,660.
69	CHRISTINA STONE TRUST	12/12/91	SI	27.50	MM	9	11,000.				11,000.	10,417.		0	10,417
7.0	KENNEL ADDITIONS	09/30/91	SI	27,50	MM	9	44,085.				44,085.	41,745.		°.	41,745
71	HOUSTON TRASH & REFUSE	08/24/92	SL	27,50	MM	9	1,400.				1,400.	1,379.		0	1,379.
72 F	KENNEL ADDITIONS	09/30/92	SI	27,50	WWI (9	22,375.				22,375.	22,010.		.0	22,010
73 F	KENNEL ADDITIONS	12/31/92	SF	27,50	MM1	9	58,228.				58,228.	57,209.		•	57,209
74 3	JOHNNY NEMEC	01/07/93	SI	27.50	MM16	ν,	1,074.				1,074.	1,074.		.0	1,074
76 3	JOHNNY NEMEC	04/14/93	SL	27.50	MM	9	6,810.				6,810.	6,810.		0.	6,810.
08	SEPTIC SYSTEM	11/30/89	200DB	7.00	HXII (9	9,500.				.500.	.002,6		°	9,500.
156 W	WIRING & CABLE FOR COMPUTERS 08/10/00	08/10/00	TS	39.00	MM16	9	3,665.				3,665.	2,107.		94.	2,201
163 N	NEW CLINIC BUILDING	10/24/02	TS	39,00	MM1	9	551,731.	10000			551,731.	285,298.		14,147.	299,445.
164 8	SEPTIC SYSTEM	08/31/02	TS	39,00	MM1	9	28,194.				28,194.	14,701.		723.	15,424.
176 N	NEW CLINIC	04/06/03	SI	39.00	MM16	9	1,000.				1,000.	513.		26.	539
177 F	FOUNDATION FOR BUILDING	01/01/04	SI	39.00	MM	9	12,736.		7/= 4		12,736.	6,213.		327.	6,540.
188	METAL BUILDING	06/24/04	SL	39.00	MM1 6	vo	77,544.				77,544.	36,778.		1,988.	38,766.
189	STEEL FOR BARN	07/29/04	SL	39.00	MM16	10	50,348.				50,348.	23,776.		1,291.	25,067

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Asset No.					_									
	Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	Bus Section Se	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
190	190 PARKING LOT	09/30/04	SL	7.00	16	221,946.				221,946.	221,946.		0	221,946.
191	APPRAISAL FOR NEW ADOPTIVE CENTER	10/31/04	SL	39.00	MM1 6	4 000.				4 000	1116 m		103	
	ENVIRONMENTAL TEST FOR										ġ.			
192	ADOPTIVE CENTER	11/30/04	SI	39.00	MM16	1,800.			100000000000000000000000000000000000000	1,800.	832.		46.	878.
194	METAL BUILDING	01/01/00	SL	39.00	MM16	132,961.				132,961.	57,953.		3,409.	61,362.
195	NEW ADOPTION CENTER	01/01/06	SI	39.00	MM1 6	260,216.				260,216.	113,424.		6,672.	120,096.
201	201 NEW ADOPTION CENTER	01/01/06	SL	39.00	MM1 6	519,224.				519,224.	219,665.		13,313.	232,978.
202	NEW ADOPTION CENTER -	07/01/06	ZZ	39 00	9	37 800				37 800	7.5		090	9 0 0 0 0 0
	CONSTRUCTION IN PROGRESS NEW								2.5.30.00					,
212		09/15/08	SI	39.00	MM16 1	.,695,406.				1,695,406.	623,099.		43,472.	666,571.
222	NEW ADOPTION CENTER	09/15/08	SI	39.00	MM1 6	555,940.				555,940.	204,320.		14,255.	218,575.
223	SIGN SYSTEM	09/15/08	SI	7.00	16	29,975.				29,975.	29,975.		0.	29,975.
224	FENCE	80/08/90	SI	7.00	16	3,352.		0.00		3,352.	3,352.		0	3,352.
225	SIGNS	04/25/08	SI	7.00	16	2,240.				2,240.	2,240.		0.	2,240.
230	SIGN	03/31/08	SI	7.00	16	2,800.				2,800.	2,800.		.0	2,800.
235	SIGN	10/12/08	SL	7.00	16	1,988.				1,988.	1,988.		0.	1,988.
254	SIGN	02/18/09	SI	7.00	16	344.				344.	344.		0.	344.
255	SIGN	04/10/09	SL	7.00	16	1,970.				1,970.	1,967.		0.	1,967.
256	FENCE & GATE	05/11/09	SI	7.00	16	4,996.				4,996.	4,996.		0.	4,996.
257	257 NEW ADOPTION CENTER	08/03/09	SL	39.00	MM1 6	510,994.				510,994.	175,785.		13,102.	188,887.

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Cor>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
259	SIGN	12/16/09	SI	7.00	16	459.				459.	459.		0.	459
273 1	273 BUILDING RENOVATIONS	11/17/10 SL	SL	39.00	MM16	81,940.				81,940.	25,380.		2,101.	27,481.
290 1	290 BUILDING ADDITIONS	12/31/10	SI	39.00	MM16	26,000.				26,000.	8,004.		. 199	8,671.
292 (COMPOSITE MARBLE WALLS FOR	02/23/11	SL	39.00	MM16	6,452.				6,452.	1,953.		165.	2,118.
293 E	FUTURE ANIMAL HOSPITAL	05/20/11	SI	39.00	MM1 6	16,000.		1		16,000.	4,749.		410.	5,159.
294 I	294 DOG KENNEL IMPROVEMENTS	07/18/11	TS	39.00	MM16	8,756.				8,756.	2,569.		225.	2,794.
295 1	295 FENCE	07/03/11	SL	7.00	16	4,944.				4,944.	4,944.		0.	4,944.
296 F	BUILDING IMPROVEMENTS - ELECTRICAL WORK	07/28/11	SL	39.00	MM16	4,000.				4,000.	1,176.		103.	1,279.
297	CAGES	08/15/11	SL	7.00	16	8,960.				8,960.	8,960.		0.	8,960.
298	GATES	10/19/11	SL	7.00	16	3,675.				3,675.	3,675.		0.	3,675.
299 E	BERNIE'S BACKYARD	10/31/11	SL	39.00	MM16	41,527.				41,527.	11,892.		1,065.	12,957.
300 5	5 GATES	11/01/11	SI	7.00	16	2,970.				2,970.	2,970.		0.	2,970.
301 F	FENCE	11/11/11	SL	7.00	16	2,750.				2,750.	2,750.		0.	2,750.
302 F	FENCE	11/16/11	SL	7.00	16	1,226.				1,226.	1,226.		0.	1,226.
303 I	ROOF REPLACEMENT - ANIMAL INTAKE	11/29/11	SL	39.00	MM1 6	6,195.				6,195.	1,762.		159.	1,921.
308	308 CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00	MM1 6	52,314.				52,314.	14,751.		1,341.	16,092.
309 0	CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00	MM16	10,376.				10,376.	3,840.		266.	4,106.
325	STEEL GATES	09/06/13	200DB	7.00	HY17	4,420.			2,210.	2,210.	2,210.		0	2,210.

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
326	SURVEY OF LAND	12/12/13	SL	39.00	MM16	5,950.				5,950.	1,390.		153,	1,543.
336	336 BUILDING AUDIT AJE	01/01/13	SL	39,00	MM16	35,636.				35,636.	9,140.		914.	10,054.
337	ARCHITECTURE FEES FOR NEW BUILDING	12/15/16	SL	39,00	MM1 6	68,944.				68,944.	10,755.		1,768,	12,523,
338	ARCHITECTURE FEES NEW BUILDING	12/15/16	SI	39.00	MM16	49,333.				49 333.	7, 695.		1 265	8 960
339		10/22/14	SL	39.00	MM1 6	11,230.					2,352.			2,640.
349	NEW 7.5 TON RUDD AIR HANDLER	03/06/15	SL	39.00	MM1.7	10,750.				10,750.	2,150.		276.	2,426.
350	SEPTIC UPGRADE	03/06/15	SI	39.00	MM17	3,800.				3,800.	756.		97.	853,
351		08/17/15	SL	39.00	MM1.7	12,860.				12,860.	2,434.		330.	2,764.
352	SET OF DOUBLE SWING GATES WITH ARCH	09/10/15	200DB	7.00	MQ17	1,650.				1,650.	1,650.		0.	1,650,
363	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1 6	67,329.				67,329.	10,500.		1,726.	12,226.
364	GAZEBO, PARKING LOT/DRIVEWAY 12/15/16	12/15/16	SL	39.00	MM1 6	79,446.				79,446.	12,392.		2,037.	14,429.
365	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1 6	134,780.				134,780.	21,024.		3,456.	24,480.
366	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1 6	117,315.				117,315.	18,299.		3,008.	21,307.
367	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1 6	101,183.				101,183.	15,780.		2,594.	18,374.
369	FENCE	06/30/16	200DB	7.00	MQ17	3,900.				3,900.	3,770.		130.	3,900.
370	FENCE	11/30/16 200DB	200DB	7.00	MQ17	12,712.				12,712.	11,741.		971.	12,712.
371	2 BARREL GATES	03/31/16	200DB	7.00	MQ17	3,250.	1			3,250.	3,214.		36.	3,250.
381	GAZEBO, PARKING LOT/DRIVEWAY 12/15/16	12/15/16	SL	39.00	MM16	1,216,547.				1,216,547.	189,763.		31,194.	220,957.

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Asset No.	Description	Date Acquired	Method	Life	v n o C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
384	384 GAZEBO, PARKING LOT/DRIVEWAY	09/01/16	SL	39.00	MM1 6	186,956.				186,956.	30,363.		4,794.	35,157
388	388 GAZEBO, PARKING LOT/DRIVEWAY	03/10/17	SI	39,00	MM1 6	15,019.				15,019.	2,246.		385.	2,631
397	MATERIALS FOR KENNELS (MCCOYS)	02/28/18	200DB	7.00	MQ17	24,486.				24,486.	19,935.		2,142.	22,077
398	GATE INSTALLATION (RV FENCE)	04/09/18	200DB	7.00	MQ17	11,940.				11,940.	9,425.		1,059.	10,484
399	KENNEL POD MODULAR BUILDING	06/13/18	150DB	15.00	MQ17	39,300.				39,300.	15,126.		2,417.	17,543
409	409 CONCRETE PATIO	11/15/18	SL	39,00	MM1 6	9,004.				9,004.	962.		231.	1,193
411	ADOPTION CENTER NEW ROOF	04/23/18	SL	39.00	MM1 6	24,213.				24,213.	2,898.		621,	3,519
432	REPAIRS TO WELL	02/26/21	SL	39.00	MM1.7	5,099.				5,099.	245.		131.	376
433	LEVEL OFF DRIVEWAY	05/26/21	150DB	15.00	МО17	6,850.				6,850.	1,070.	_	578.	1,648
434	INSTALLATION OF NEW INSULATION & CEILING TILES	09/08/21	SL	39.00	MM1.7	4,500.				4,500.	149.		115.	264
435 1	KENNEL FENCING	11/16/21	150DB	15.00	MQ17	50,298.				50,298.	5,596.		4,470.	10,066
451	COLOR LED SIGN	02/08/22	200DB	7.00	HY17	.966,28				.966,28	12,285.		21,060.	33,345
453	REMOVE CEMENT & REPLACE GAS LINE	10/12/22	150DB	15.00	HY117	5,200.				5,200.	260.		494.	754
458	24 X 60 DOUBLEWIDE FOR ANIMAL CRUELTY DEPT	08/23/23	SL	39.00	16	65,833.				65,833.			563.	563
459	FENCING - LUMBER	06/01/23	150DB	15.00	HY19E	7,701.				7,701.			385.	385
460	460 FENCING - METAL POLES	07/31/23	150DB	15.00	HY19E	11,000.				11,000.			550.	550
461	3434 RILEY ELECTRIAL CONNECTIONS	07/31/23	SL	39,00	16	.008,3				6,800.			73.	73
462	TRIPLE S STEEL	06/23/23 150DB	150DB	15.00	HY19E	19,231.				19,231.			962.	962

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Nors Nors	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
463	SASCO STEEL	11/03/23 150DB	150DB	15.00	HY19E	4,625.				4,625.			231.	231
464	INSTALLED HORSE PANELS WITH 2 GATES ON FELD RD PROPERTY	11/10/23 150DB	150DB	15.00	HY19E	6,150.				6,150.			308.	308
466	MOBILE MODULAR	11/30/23	SL	39.00	16	87,543.				87,543.			187.	187
474	474 METAL POLES FOR FENCING	10/23/23	150DB	15,00	ну19Б	3,854.				3,854.			193.	193
475		10/10/23 150DB	150DB	15.00	ну19Е	9,180.				9,180.			459.	459
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND					8,510,443.			2,210.	8,508,233.	3,448,946.		213,971.	3,662,917
20	LAND	10/31/90	'n			24,643.				24,643.			0.	
32	LAND	03/31/95	ч			34,400.				34,400.			0.	
200	200 LAND	12/13/06	ᅯ			52,709.				52,709.			0	
324	324 LAND	11/02/12	ų			3,578,386.				3,578,386.			0.	
362	LAND	05/22/15	ı			151,649.				151,649.			0.	
430	14810 FELD DRIVE - LAND	01/15/21	ŭ			140,532.				140,532.			0	
431	14810 FELD DRIVE - CLEAR	11/09/22				12 500				12 500			c	
_	CLEARED LAND AT 14810 FELD						18 M	- 2						
454		11/09/22	ı		i V	12,500.				12,500.			0.	
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND					4,007,319.				4,007,319.	.0		.0	0.
	CONSTRUCTION IN PROGRESS													
	* 990 PAGE 10 TOTAL -					0				0	0		0	0
	WILDLIFE CENTER - BUILDING &													

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2023 DEPRECIATION AND AMORTIZATION REPORT

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FORM 990														
Asset No.	Description	Date Acquired	Method	Life	Oor>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
455	LAND WILDLIFE CENTER 3100 W. FUQUA	02/02/23	H			480,852.				480,852.			0	
456	BUILDING WILDLIFE CENTER 3100 W. FUQUA	02/03/23	SL	39.00	16	726,378.				726,378.			17,073.	17,073.
472	WILDLIFE CENTER RENOVATIONS	11/16/23	SI	39.00	16	144,031.				144,031.			308.	308.
473		06/09/23	150DB	15.00	HY19E	31,438.				31,438.			1,572.	1,572.
	* 990 PAGE 10 TOTAL - WILDLIFE CENTER - BUILDING &					.,382,699.				1,382,699.	.0		18,953.	18,953.
	FUNITURE & FIXTURES													
48	COASTS GRAPHICS & SIGNS	09/05/97 150DB	150DB	15.00	MO17	10,100.				10,100.	9,928.		0.	9,928.
75	FOSTER FENCE	02/09/93	SI	10.00	16	3,800.				3,800.	2,799.		0.	2,799.
96	CAGES	03/15/81	SL	2.00	HY1 6	3,192.				3,192.	3,192.		0.	3,192.
97	CAGES	03/15/84	TS	5.00	HY16	752.				752.	752.		0.	752.
86	CAGES	04/15/82	SI	5.00	HY16	2,532.				2,532.	2,532.		.0	2,532.
66	CAGES	10/31/88	200DB	7.00	HY16	3,024.				3,024.	3,024.		0.	3,024.
100	CAGES	01/31/90	200DB	7.00	HY16	.069'6				9,690.	.069,6		.0	.069,6
104	104 OUTDOOR FENCING	04/15/82	SL	5,00	HY11 6	2,053.				2,053.	2,053.		0.	2,053.
105	105 ASTRO FENCING	01/15/87 150DB	150DB	15.00	HY16	1,034.				1,034.	959.		0.	959.
106	106 OUTDOOR FENCING	06/15/87 150DB	150DB	15.00	HY16	1,228.				1,228.	1,023.		0.	1,023.
107	THE WEEKS CO	01/31/90 150DB	150DB	15.00	9 TAH	14,962.				14,962.	12,499.		0.	12,499.
108	108 HOUSTON FENCE	04/21/94	150DB	15.00	HX116	4,692.				4,692.	3,706.		0	3,706.

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Asset No.	Description	Date Acquired	Method	Life	C Line No.		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	109 AMERICAN FENCE	03/13/97	150DB	15.00	1 нжи 6	ю	,587.				3,587.	2,821.		.0	2,821.
110	110 AMERICAN FENCE	07/09/97 150DB	150DB	15.00	HY1 6		3,042.				3,042.	2,415.		0	2,415.
124	ANIMAL KINGDOM FURNITURE & FIXTURES	11/21/97	SL	7.00	MQ16		2,422.				2,422.	2,422.		.0	2,422.
135	FIXTURE HOOKS	01/29/98	SL	7.00	16		581.				581.	581.		0	581,
136	SHELTER TRUCK UPGRADE	02/27/98	SL	7.00	16		576.				576.	576.		0.	576.
137	137 TREE OF LIFE	12/31/98	SL	7.00	16		1,000.				1,000.	1,000.		0.	1,000.
146	TREE OF LIFE	02/19/99	SL	7.00	16		1,735.				1,735.	1,735.		.0	1,735.
150	FURNITURE & FIXTURES	00/60/80	SL	7.00	16		1,940.				1,940.	1,940,		0.	1,940.
151	GE CORPORATE PLUS	08/29/00	SI	7.00	16		541.				541.	541.		0	541.
165	CAGES IN NEW CLINIC	08/08/02	SL	7.00	16		12,405.				12,405.	12,405.		0	12,405.
166	166 TREE OF LIFE	09/30/05	SI	7.00	16		3,602.				3,602.	3,602.		.0	3,602.
167	NEW CLINIC BENCHES	10/10/02	SL	7.00	16		1,627.				1,627.	1,624.		0.	1,624.
178	STORAGE CONTAINERS	02/26/03	SI	2.00	16		4,200.				4,200.	4,200.		0	4,200.
179	STORAGE CONTAINERS	03/31/03	SL	5.00	16	4	,540.				4,540.	4,540.		0	4,540.
196	MOBILE STORAGE CONTAINER	09/08/02	SL	7.00	16		3,950.				3,950.	3,950.		0	3,950.
203	TENTS	03/11/06	SL	7.00	16	~	,408.	Gun-			2,408.	2,408.		0.	2,408.
204	204 FENCE	03/11/06	SI	7.00	16		10,276.				10,276.	10,276.		°°	10,276.
205	2 BENCHES	06/27/06	SL	7.00	16	ຕັ	193.	Y			3,193.	3,193,		0	3,193.

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2023 DEPRECIATION AND AMORTIZATION REPORT

Ending Accumulated Depreciation 1,646.

2,791.

1,359.

749.

3,842.

946.

1,969.

5,750.

2,147.

1,641.

3,350.

2,127.

4,340.

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	-
221	221 MISCELLANEOUS ASSET	07/01/01	SL	7.00	16	1,646.				1,646.	1,646.		0	
226	226 OFFICE FURNITURE	02/05/08	SL	7.00	16	2,791.				2,791.	2,791.		0	
227	OFFICE FURNITURE	02/11/08	SI	7.00	116	1,359.				1,359.	1,359.		0	_
228	228 WATER FOUNTIAN	02/28/08	SL	7.00	16	749.				749.	749.		0	
229	229 OFFICE FURNITURE	03/04/08	SI	7.00	16	3,842.				3,842.	3,842.		0	
231	231 OFFICE FURNITURE	05/22/08	SL	7.00	16	946.				946.	946.		0	
232	232 CAGES	05/22/08	SL	7.00	19	1,969.				1,969.	1,969.		o	
233	ВЕИСН	08/20/08	IS	7.00	16	5,750.				5,750.	5,750.		0	
234	OFFICE FURNITURE	80/30/08	SL	7.00	16	1,641.				1,641.	1,641.		o	
236	OFFICE FURNITURE	10/28/08	SL	7.00	16	2,147.				2,147.	2,147.		0	
237	237 CONTAINER	11/13/08	SI	7.00	16	3,350.				3,350.	3,350.		0	
238	CAGES	12/24/08	SL	7.00	16	2,127.				2,127.	2,127.		0	
260	260 CAGES	02/11/09	SL	7.00	16	4,340.				4,340.	4,340.		.0	
261	ВЕИСН	02/28/09	SL	7.00	16	2,240.				2,240.	2,240.		0	
262	262 FURNITURE	03/19/09	SL	7.00	16	958.				958.	958,		0	
263	263 PICTURE FRAMING	04/29/09	SL	7.00	16	655.				655.	655.		0	0.01
264	264 FURNITURE	06/18/09	SL	7.00	19	2,200.				2,200.	2,200.		•0	
265	265 CABINET	12/16/09	SL	7.00	16	2,640.				2,640.	2,640.		0.	

2023 DEPRECIATION AND AMORTIZATION REPORT

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FORM 990	0 PAGE 10													
Asset No.	Description	Date Acquired	Method	Life	Nor>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
274	DOG AND CAT BEDS	03/26/10	SL	7.00	16	2,608.		A STATE OF THE PARTY OF THE PAR		2,608.	2,608.		0.	2,608.
275	275 RECEPTION DESK	12/22/10	SL	7.00	16	1,862.				1,862.	1,862.		0	1,862.
311	12 EXECUTIVE CHAIRS	09/12/12	200DB	7.00	HY17	1,560.			780.	780.	780.		.0	780.
327	VERSA SHOWER PET TUB	05/14/13	200рв	7.00	HY17	3,930.			1,965.	1,965.	1,965.		0	1,965.
328	BLUE LINE PENINSULA EXAM TABLE	05/15/13	200DB	7.00	HY17	2,503.			1,252.	1,251.	1,251.		0	1,251.
329	VERSA SHOWER DOG TUB	05/15/13	200DB	7.00	HY17	3,942.			1,971.	1,971.	1,971.		0.	1,971.
340	340 ОУЕКНЕАD DOOR	05/07/14	SI	39.00	MM16	2,130.				2,130.	476.		.55.	531.
353 1	SURGICAL TABLE 60" V-TOP ELECTRICOLUMN HEATED TOP	03/13/15 200DB	200DB	7.00	MQ17	3,596.				3,596.	3,596.		0.	3,596.
354 (CUSTOM KAT PALY AROUND	10/22/15	200DB	7.00	MQ17	16,719.				16,719.	16,719.		0.	16,719.
372 1	BENCHES & WASTE STATIONS	11/30/16	200DB	7.00	MQ17	3,164.				3,164.	2,922.		242.	3,164.
389	SHOR-LINE KENNELS	12/31/17	200DB	7.00	MQ17	14,237.				14,237.	11,906.		1,243.	13,149.
416	ADJUSTABLE ALL TERRAIN STAGE SYSTEM	05/17/19 200DB 7.0C	200DB	7.00	HY117	6,650.				6,650.	4,573.		593.	5,166.
, ra	* 990 PAGE 10 TOTAL - FUNITURE & FIXTURES					222,935.			5,968.	216,967.	204,365.		2,133.	206,498.
	WILDLIFE CENTER - FURNITURE													
457	CAGES WILDLIFE CENTER	08/03/23	200DB	7.00	ну190	13,550.				13,550.			1,936.	1,936.
	" 990 PAGE 10 TOTAL - WILDLIFE CENTER - FURNITURE					13,550.				13,550.	0.		1,936.	1,936.
4	MACHINERY & EQUIPMENT													
24 F	KENNEL A/C	08/27/97 200DB		7.00	MQ17	3,750.				3,750.	3,463.		0.	3,463

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Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	PORTABLE BUILDING	06/30/87	SI	5.00	HY16	1,285.				1,285.	1,285.		0.	1,285.
41	PORTABLE BUILDING	06/30/87	SL	5.00	HY16	2,025.				2,025.	2,025.		0.	2,025.
42	ALEXANDER TENT CO	03/10/97	200DB	7.00	MQ17	2,400.				2,400.	1,970.		0.	1,970.
55	SURGICAL TABLES	05/31/91	200DB	7.00	HY16	1,859.				1,859.	1,423.		0	1,423.
56	SURGERY LIGHTS	12/31/91	200DB	7.00	HX16	2,425.				2,425.	1,856.		.0	1,856.
57	HENRY SCHEIM	12/31/92	200DB	7.00	HY16	6,841.				6,841.	3,799.		0.	3,799.
77	KENNEL A/C	08/27/97	SI	7.00	MQ16	3,750.				3,750.	3,750.		.0	3,750.
78	KENNEL A/C	16/60/60	SL	7.00	MQ16	2,600.				2,600.	2,600.		0.	2,600.
79	KENNEL A/C	09/11/97	SL	7.00	MQ16	2,250.				2,250.	2,250.		.0	2,250.
85	OFF, EQUIP PURCH @ SAMS	02/28/90 200DB	200DB	7.00	HY16	526.				526.	526.		0.	526.
87	87 OFF EQUIP PURCH @ SAMS	10/31/90	200DB	7.00	HY16	421.				421.	421.		0.	421.
88	TELEPHONE EQUIPMENT	10/31/90	200DB	7.00	HY16	993.				993.	993.		0	993.
80	SUBURBAN SURGICAL	05/30/91	200DB	7.00	9 TAH	1,083.				1,083.	1,083.		.0	1,083.
06	EQUIPMENT	08/31/91	200DB	7.00	HY16	6,397.				6,397.	6,397.		0.	6,397.
92	OFFICE DEPOT	02/21/95	200DB	7.00	HY1 6	810.				810.	749.		0.	749.
93	93 VENDING MACHINE	06/05/97	200DB	7.00	MQ17	2,295.				2,295.	2,004.		0	2,004.
111	111 INCINERATOR	10/01/86	SI	5.00	HY16	25,436.				25,436.	25,436.		.0	25,436.
112	112 EQUIPMENT	12/31/90	200DB	7.00	HY116	1,325.	100			1,325.	1,325.		0	1,325.

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Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
113 1	TX INFRA RED	02/03/92	200DB	7.00	HX16	558.				558.	. 258.		0	558.
114	114 JOSE ALVEDA	05/11/92 200DB	200DB	7.00	HY16	650.				650.	.059		0	.059
115 A	AUTOCLAVE	10/31/92	200DB	7,00	HY116	2,728.				2,728.	2,728.		.0	2,728.
116 N	116 NIKON INVESTMENT GROUP	02/01/93	200DB	7.00	HY16	1,091.				1,091.	1,046.		0.	1,046.
117 1	INCINERATOR FLOOR	12/31/92	200DB	7,00	HY16	1,225.				1,225.	1,154.		.0	1,154.
119 D	DEVOE & REYNOLDS	01/25/95	200DB	7.00	HY16	1,000.				1,000.	924.		0.	924.
120 I	120 LANSDOWN-MOODY	04/07/95	200DB	7.00	HY16	6,542.				6,542.	6,041.		0.	6,041.
121 I	LANSDOWN-MOODY	05/11/95	200DB	7.00	HY16	6,640.				6,640.	6,131.		0.	6,131.
122 I	LANSDOWN-MOODY	06/20/95	2000B	7.00	HY116	6,640.				6,640.	6,048.		.0	6,048.
123 N	NELLCOR	03/28/96	200DB	7.00	HY16	4,146.				4,146.	3,785.		0.	3,785.
138 T	TIME CLOCK	86/20/20	SI	7.00	16	895.				.895.	895.		.0	895.
142 MOWER	IOWER	05/24/99	SI	7.00	16	3,264.				3,264.	3,264.		0.	3,264.
143 M	МОWER	06/28/99	SI	7.00	16	989.				989.	989.		.0	.686
144 MOWER	IOWER	66/30/60	SL	7.00	16	900				900.	900.		0.	900.
147 W	WASHER	02/28/99	SI	7.00	16	. 666				.666	.666		0	. 666
152 E	EQUIPMENT - ASTELCO	10/11/00	SL	7.00	16	5,900.				5,900.	5,900.		0.	5,900.
155 8	SCALE FOR CLINIC	12/01/00	SL	7.00	16	986.				986.	986		0.	986
158 N	158 NEW EQUIPMENT	03/31/01	SI	7.00	16	1,181.				1,181.	1,181.		.0	1,181.

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Asset No.	Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
159	NEW EQUIPMENT	07/31/01	l Sī.	7.00	16	4,132.	1			4,132.	4,132.		0.	4,132.
168	WASHER & DRYER	07/18/02	SL	7.00	16	6,155.				6,155.	6,155.		.0	6,155.
169	SURGERY TABLES	08/21/02	SI	7.00	16	5,206.				5,206.	5,206.		°	5,206
170	EXAM TABLES	10/18/02	SL	7.00	16	3,116.				3,116.	3,116.		0.	3,116
180	X-RAY MACHINE FOR CLINIC	03/28/03	SI	5.00	16	2,250.				2,250.	2,250.		.0	2,250
181	ENGRAVING MACHINE	11/20/03	SL	5.00	16	3,060.				3,060.	3,060.		•	3,060
206	HEAVY EQUIP. SWEEPER, SKID STEER & 2 ATV'S	01/31/06	SI	7.00	16	39,592.				39,592.	39,592.		0	39,592,
207	BANNER	03/29/06	SI	7.00	16	1,840.				1,840.	1,840.		0.	1,840
208	GEAR REPAIR	08/15/06	SI	7.00	16	2,200.				2,200.	2,200.		Ö	2,200
209	3 PRESSURE WASHERS	09/21/06	SL	7.00	16	5,535.				5,535.	5,535.		0.	5,535
213	AUDIO VISUAL SYSTEM	12/31/08	SI	39.00	MM1 6	29,662.				29,662.	10,654.		761.	11,415
216	ANESTHESIA MACHINE	03/31/07	SL	7.00	16	1,850.				1,850.	1,850.		0.	1,850
117	217 REFRIGERATOR	04/18/07	SL	7.00	16	2,300.				2,300.	2,300.		.0	2,300,
118	218 KUBOTA RTV900W6-H W/CANOPY	08/15/07	SL	7.00	16	10,572.				10,572.	10,572.		0.	10,572,
219	FREEZER	09/11/07	SL	7.00	16	3,100.				3,100.	3,100.		•0	3,100
220 1	FENCE	01/14/07	SL	7.00	16	16,532.				16,532.	16,532.		0.	16,532
239	TV'S	01/24/08	IS	7.00	16	7,713.			0	7,713.	7,713.		0.	7,713.
240	HOT WATER SYSTEM	01/24/08	SL	7.00	16	5,420.				5,420.	5,420.		0.	5,420.

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Asset No.	Description	Date Acquired	Method	Life	O C No.	Unadjusted Cost Or Basis	Bus % Fxcl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
241	TV'S	03/04/08	SL	7.00	16	1,200.				1,200.	1,200.		0.	1,200
242	EXAM TABLE	03/17/08	SL	7.00	16	1,000.				1,000.	1,000.		0	1,000,
243	A/C	04/23/08	SL	7.00	16	4,700.				4,700.	4,700.		0.	4,700,
244	GENERATOR	09/11/08	SL	7.00	16	19,500.				19,500.	19,500.		0	19,500
245	AV SYSTEM	09/30/08	SI	7.00	16	15,365.				15,365.	15,365.		0.	15,365,
246	246 AV SYSTEM	11/18/08	SL	7.00	16	14,712.				14,712.	14,712.		0.	14,712.
247	HOT WATER PRESSURE	11/23/08	SL	7.00	16	10,525.				10,525.	10,525.		0.	10,525
266	AIR CONDITIONING	05/27/09	SL	7.00	16	3,600.				3,600.	3,600.		0	3,600,
267	AIR CONDITIONING	60/06/90	SL	7.00	16	2,240.				2,240.	2,240.		0.	2,240
268	AIR CONDITIONING	11/09/09	SL	7.00	16	6,494.				6,494.	6,494.		0.	6,494
269	AIR CONDITIONING	11/23/09	SL	7.00	16	3,745.				3,745.	3,745.		0.	3,745
276	SECURITY CAMERAS	02/09/10	SL	7.00	16	1,244.				1,244.	1,244.		.0	1,244
277	VET XRAY FILM SYSTEM	03/23/10	SI	7.00	16	18,258.				18,258.	18,258.		0.	18,258
278	IDEXX-DR 1417	03/23/10	SL	7.00	16	.070,89				68,070.	68,070.		0.	68,070
279	JE68VSQ VIDEO ENDOSCOPE 8MM	04/28/10	SL	7.00	16	18,900.				18,900.	18,900.		.0	18,900
280	HI-E DRY 195 DEHUMIDIFIER	05/28/10	SL	7.00	16	2,993.				2,993.	2,993.		.0	2,993
281	KAIVAC 17GAL CLEANING SYSTEM	06/30/10	SI	7.00	16	2,707.				2,707.	2,707.		.0	2,707
282	KAIVAC 17GAL CLEANING SYSTEM 06/30/10	06/30/10	SI	7.00	16	2,860.				2,860.	2,860.		0	2,860

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Asset No.	Description	Date Acquired	Method	Life	c o C No. e	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
283	AUTO SCRUBBER W100AH GEL BATT	06/30/10	IS	7.00	16	3,908.				3,908.	3,908.		0.	3,908
284	EAGLE 24" SMART VAC VACUUM	10/10/10	SI	7.00	16	1,889.				1,889.	1,889.		0.	1,889,
288	WATER HEATER	12/31/10	SL	7.00	16	1,106.				1,106.	1,106.		0	1,106,
289	DEHUMIDIFIER	12/31/10	SL	7.00	16	3,027.				3,027.	3,024.		0.	3,024
304	SURGIVET UNIVE	03/15/11	SI	7.00	16	2,083.				2,083.	2,083.		0	2,083
305	INSTALL GILLS & BALANCING DAMPERS	04/21/11	SL	7.00	16	2,400.				2,400.	2,400.		0.	2,400
306	INSTALL 3 SUPPLY GILLS & DAMPERS	05/31/11	SL	7.00	16	3,500.				3,500.	3,500.		0.	3,500
307	FIT FUR LIFE PROFESSIONAL TREADMILL	11/16/11	SL	7.00	16	3,354.				3,354.	3,354.		0.	3,354
312	CARDELL MONITOR	01/26/12	200рв	7.00	HY17	3,595.			1,798.	1,797.	1,797.		0.	1,797.
313	INJET LABLE PRINTER - COLOR	02/09/12	200DB	5.00	HY17	1,129.			565.	564.	564.		0	564.
314	SS3 20" PAD DRIVE AUTO SCRUB 04/11/12 200DB 7.00	04/11/12	200DB	7.00	HXI 7	5,777.			2,889.	2,888.	2,888.		0.	2,888,
315	REBUILT SCOUT 24 SWEEPER	06/12/12 200DB 7.00	200DB	7.00	HY17	1,050.			525.	525.	525.		ó	525,
316	CD 800 PRINTER	07/18/12	200DB	5.00	HY17	2,243.			1,122.	1,121.	1,121.		.0	1,121.
317	регл сомрутея	07/18/12	200DB	5.00	HY17	2,785.			1,393.	1,392.	1,392.		0	1,392.
318	LIGHT CENTURION 2 CELL	08/20/12	200DB	7.00	HY17	4,362.			2,181.	2,181.	2,181.		.0	2,181.
319	319 LIGHT CENTURION 2 CELL	09/28/12 200DB 7.00	200DB	7.00	HY117	3,385.			1,693.	1,692.	1,692.		0.	1,692.
320	320 HOTSY 1075SSE	11/06/12	2000B	7.00	HY17	6,195.	2		3,098.	3,097.	3,097.		.0	3,097.
323	323 AUTOCLAVE ULTRACLAVE	04/25/12	200DB	7.00	HY17	4,951.			2,476.	2,475.	2,475.		0	2,475

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Asset No.	Description	Date Acquired	Method	Life	C Line No.		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
330	REBUILT T-3 AUTO SCRUBBER	01/05/13	200DB	7.00	HWI 7		3,139.			1,570.	1,569.	1,569.		0.	1,569.
331	SONIC WALL	02/26/13	2000B	5.00	HX17		1,759.			880.	879.	879.		0.	879
332	7.5 TON R22 AIR CONDENSER FOR SURGICAL AREA	06/14/13	200DB	7.00	HXII 7		3,640.			1,820.	1,820.	1,820.		0.	1,820,
341	2 SCALES	02/17/14	200DB	7.00	MQ17		1,070.			535.	535.	535.		0.	535
342	SCRUBBER	04/29/14	200DB	7.00	MQ17		2,344.			1,172.	1,172.	1,172.		0.	1,172
343	DISHWASHER	11/17/14 200DB	200DB	7.00	MQ17		19,492.			9,746.	9,746.	9,746.		0.	9,746,
344	WATER HEATER	11/17/14	200DB	7.00	MQ17		2,748.			1,374.	1,374.	1,374.		0.	1,374,
347	DISHWASHER CONNECTION	11/11/14	200DB	7.00	MQ17		1,117.			559.	558.	558.		0.	558
355	REBUILT TENNANT T3 SCRUBBER	02/25/15	200DB	7.00	MQ17		2,900.				2,900.	2,900.		.0	2,900.
356		07/15/15	200DB	7.00	MQ17		2,054.				2,054.	2,054.		0.	2,054.
357	CUDAEYE FALCON DOME CAMERA 32 GB	07/11/15	200DB	7.00	MQ17		2,650.				2,650.	2,650.		.0	2,650.
358	3 AIR OASIS	08/19/15	200DB	7.00	MQ17	V _a	2,272.				2,272.	2,272.		0.	2,272.
373	FURNACE FOR SURGICAL AREA	04/18/16	200DB	7.00	MQ17		2,750.				2,750.	2,658.		92.	2,750.
374	2 MOWERS	07/11/16	200DB	7.00	MQ17		15,640.				15,640.	14,775.		865.	15,640.
375	SOUND SYSTEM	12/30/16	200DB	7,00	MQ17		5,688.				5,688.	5,254.		434.	5,688
376	AUTOCLAVE	12/31/16	200DB	7.00	MQ17		6,145.				6,145.	5,676.		469.	6,145.
382	CATTLE TRAILERS	10/28/16	200DB	7.00	MQ17	242.42	12,712.				12,712.	11,741.		971.	12,712.
383	HORSE STALLS	09/26/16	200DB	7.00	MQ17		9,923.				9,923.	9,374.		549.	9,923,

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Asset No.	Description	Date Acquired	Method	Life	C Cine	Unadjusted Cost Or Basis	d Bus iis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
390	BECKER SLING PACKAGE	01/11/17	200DB	7.00	MQ17	2,68	. 9			2,686.	2,422.		235.	2,657.
391	REFRIDGERATOR	01/11/17 200DB	200DB	7.00	MQ17	1,408	3.			1,408.	1,269.		124.	1,393.
392	WASHER & DRYER	01/11/17	200DB	7.00	MQ17	1,522				1,522.	1,372.		133.	1,505.
393	REPLACE EXHAUST STACK ON INCINERATOR FURNACE	03/31/17	200DB	7.00	MQ17	14,438	•			14,438.	13,018.		1,262.	14,280.
394	COMPUTER BOARD & COMPRESSOR POR MAROON KENNEL	11/16/17	200DB	7.00	MQ17	4,299				4,299.	3,595.		375.	3,970.
395	S S51235 KUBOTA	12/28/17	200DB	7.00	MQ17	17,475.	2.			17,475.	14,615.		1,525.	16,140.
396		12/28/17	200DB	7.00	MQ17	8,668	·.			8,668.	7,249.		757.	8,006.
400	AIR CONDITIONER FOR GREEN KENNEL	01/03/18	200DB	7.00	MQ17	5,200				5,200.	4,234.		455.	4,689.
401		01/31/18	200DB	7.00	MQ17	12,532	01			12,532.	10,202.		1,096.	11,298.
402	LIGHT GALAXY SPRING ARM SINGLE 4-POD & WALL MOUNT	05/31/18	200DB	7.00	MQ17	7,237				7,237.	5,713.		642.	6,355.
403	T-950 EXPRESS, 60 LB OPL WASHER	05/31/18	200DB	7.00	MQ17	8,300,				8,300.	6,551.		736.	7,287.
404	5 TON GUARDIAN R 4017C UNIT	07/25/18	200DB	7.00	MQ17	3,600.				3,600.	2,764.		318.	3,082.
405	PIEZO P6 LED ULTRASONIC	11/30/18	200DB	7.00	MQ17	6,29	.5			6,295.	4,715.		. 0550	5,265.
406	300KW GENERAC GASEOUS GENERATOR	10/12/18	200DB	7.00	MQ17	234,632	•			234,632.	175,736.		20,486.	196,222.
407	3 ANALYZERS AND INSTRUMENTS	03/16/18	200DB	7.00	MQ17	78,389				78,389.	63,819.		.958,9	70,675.
414	KUBOTA UTILITY VEHICLE S/N27924	01/30/19	200DB	7.00	HY17	15,077.				15,077.	10,367.		1,346.	11,713.
415	SCAG MOWER SC272V-31FX	01/30/19	20008	7.00	HX17	10,255				10,255.	7,051.		915.	7,966.
417	417 A/C FOR CAT KENNEL	08/26/19	200DB	7.00	HY17	13,850				13,850.	9,524.		1,236.	10,760.
328111 04-01-23	04-01-23					(D) - Asset disposed	lisposed		*	ITC. Salvade.	* ITC. Salvage. Bonus. Commercial Revitalization Deduction. GO Zone	ercial Revita	lization Deduc	tion GO Zone

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2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Oor>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
418	5 TON R307C GUARDIAN CONDENSER	09/16/19	200DB	7.00	HY1.7	2,850.				2,850.	1,960.	:	254.	2,214
421	DR 50 SYSTEM	06/30/19	200DB	7.00	HY1.7	39,637.				39,637.	27,256.		3,537.	30,793.
423	PILOTER ULTRASOUND & TROLLEY	04/30/20	200DB	7.00	MQ17	18,500.				18,500.	10,747.		2,215.	12,962
424	HELI FORK LIFT MODEL SERIAL #1701803002T	08/31/20	200DB	7.00	MQ17	25,526.				25,526.	13,898.		3,322.	17,220
425	GUARDIAN 4 TON 407C CONDENSOR UNIT	05/12/20	200DB	7.00	MQ17	3,250.				3,250.	1,888.		389.	2,277
426	A/C FOR ADOPTION BUILDING	10/29/20	200DB	7.00	MQ17	97,164.				97,164.	49,361.		13,658.	63,019.
427 I	RESCUE BOAT	09/01/20	200DB	5.00	MQ17	5,000.				5,000.	3,470.		612.	4,082
438	BLADES & BATTERY FOR CT15	01/26/22	200DB	7.00	HY17	4,784.				4,784.	683.		1,172.	1,855
439 1	NETWORK EVENT RECORDER	05/26/22	200DB	7.00	HW17	7,990.				7,990.	1,141.		1,957.	3,098
440	5 TON CARRIER SYSTEM	06/28/22	200DB	7.00	HY17	8,980.				8,980.	1,283.		2,199.	3,482
441 10	10 TON AIR HANDLER	07/25/22	200DB	7.00	HX17	10,080.				10,080.	1,440.		2,469.	3,909
442	TWRC VENTILATOR 3002PRO-DJ&T	09/01/22	200DB	7.00	HX17	4,871.				4,871.	.969		1,193.	1,889,
443	TWRC ANES MACHINE VMS-DJ&T	09/01/22	200DB	7.00	HY17	2,565.				2,565.	366.		628.	994
	X DUO W/LAP	0.00												
444	TIGERVIEW TWRC ABAXIS VETSCAN	09/10/60	FOOD?	00.	/ TXH	1,809.				7,809.	1,116.		1,912.	3,028,
445	CHEMISTRY ANALYZER	09/01/22	200DB	7.00	HY17	2,670.				2,670.	381.		654.	1,035
446 I	TWRC BIOX XRAY HANDHELD DENTAL	09/01/22	200DB	7.00	HY17	3,864.				3,864.	552.		946.	1,498
447	TWRC AUTOCLAVE ULTRACLAVE	09/01/22	20008	7.00	HV17	3 361				3 361	480		823	1 303
	TERSON AUTOCLAVE 15X27	09/30/22	200DB	7.00	HY17	17,470.				17,470.	2,496.		4 278.	•

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Asset No.	Description	Date Acquired	Method	Life	C C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
449	TORRES A/C & HEATING	12/15/22	200DB	7.00	7 TAH	13,799.				13,799.	1,971.		3,379.	5,350
450	WN0950XB DEXTER WASHER	02/24/23	200DB	7.00	HY190	14,736.				14,736.			2,105.	2,105,
452	5 TON CONDENSER & AIR HANDLER	09/30/22	200DB	7.00	HY17	9,700.				9,700.	1,386.		2 375.	3 761
467	2 UVS-III-EX-IS-S VAPORIZER	02/28/23	9000E		де ган	0 7 7 0				2 160				,
	2 ANESTHESIA MACHINES VERSA									.00,			. 666	565
0 0 7	II AIRSEP 10L 02 CON W VERS MNT	02/25/23	2000	00.7	HXTAC	4,69T.				4,691.			670.	670
469	TEE & BAS	02/28/23	200DB	7.00	ну190	2,345.				2,345.			335.	335
470	PORTABLE AIR CONDITIONER 115VAC	07/31/23	200DB	7.00	HY119C	4.480.				4 480.			640	640
	5 TON CONDENSERS, AIR													
471	HANDLER 15 KW HEAT KIT	08/23/23	200DB	7.00	HY19C	8,800.				8,800.			1,257.	1,257
476	A DUAL E-CILINDER VERSA MANIFOLD W/REG	02/07/23	200DB	7.00	HY19C	950.				950.			136.	136
	DOWN PMT CREMATION EQUIPMENT		THE IS			The second				W 10 10 10 10 10 10 10 10 10 10 10 10 10				
477	- MATTHEWS ENVIRONMENTAL	01/01/24 200DB 7.00	200DB	7.00	нх190	19,907.				19,907.			0.	
-1	MACHINERY & EQUIPMENT					1,412,327.			35,396.	1,376,931.	1,019,664.		.969,96	1,116,360
M.M.	ALARM SYSTEM		54.5 54.5											
94	ALARM SYSTEM	12/31/90	200DB	7.00	HY16	4,180.				4,180.	4,180.		.0	4,180
95 1	ROLLINS	12/12/94	200DB	7.00	HY16	1,096.				1,096.	1,096.		0.	1,096,
214	SECURITY SYSTEM	10/29/07	SL	39.00	MM16	45,266.				45,266.	17,608.		1,161.	18,769
248	SECURITY SYSTEM	02/11/08	SL	7.00	16	9,713.				9,713.	9,713.		0.	9,713,
249	FIRE ALARM SYSTEM	03/04/08	SI	7.00	16	15,683.				15,683.	15,680.		0.	15,680
270	SECURITY SYSTEM	04/30/09	SL	7.00	16	4,928.				4,928.	4,928.		0	4,928

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FORM 990	990 PAGE 10						066							
Asset No.	et Description	Date Acquired	Method	Life	o C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	285 SECURITY SYSTEM EQUIPMENT	07/29/10	SL	7.00	16	1,730.				1,730.	1,730.		0.	1,730.
28	HYBRID DIGITAL EVENT 286 RECORDER TOWER	08/26/10	SL	7.00	16	2,520.				2,520.	2,520.		• 0	2,520.
34	345 FIRE ALARM SYSTEM	09/10/14	200DB	7.00	MQ17	2,663.			1,332.	1,331.	1,331.		0	1,331.
35	359 SIGMAX SECURITY SYSTEM	11/18/15	200DB	7.00	MQ17	19,743.				19,743.	19,743.		0.	19,743.
37	377 SECURITY SYSTEM	08/31/16	200DB	7.00	MQ17	1,320.				1,320.	1,247.		73.	1,320.
37	378 SECURITY SYSTEM	06/24/16	200DB	7.00	MQ17	3,100.				3,100.	2,997.		103.	3,100.
37	379 SECURITY SYSTEM	09/27/16	200DB	7.00	MQ17	6,093.				6,093.	5,756.		337.	6,093.
38	380 SECURITY SYSTEM	12/15/16	200DB	7.00	MQ17	3,280.				3,280.	3,029.		251.	3,280.
43	436 FIRE ALARM SYSTEM	08/19/21	200DB	7.00	MQ17	5,260.				5,260.	1,906.		958.	2,864.
	* 990 PAGE 10 TOTAL - ALARM SYSTEM					126,575.			1,332.	125,243.	93,464.		2,883.	96,347.
	TELECOM SYSTEM													
10	101 TELECOM SYSTEM	12/31/90 200DB 7.00	200DB	7.00	HY16	5,407.				5,407.	5,407.		0.	5,407.
10	102 PROSTAR	12/19/95	200DB	7.00	HY16	3,470.				3,470.	3,204.		.0	3,204.
10	103 NORTHERN COMMUNICATIONS	11/11/97	200DB	7.00	MQ17	15,979.				15,979.	15,814.		0	15,814.
13	193 PHONE SYSTEM	08/09/04	SL	7.00	16	7,210.				7,210.	7,210.		.0	7,210.
25	250 PHONE SYSTEM	02/28/08	SL	7.00	16	13,270.				13,270.	13,270.		.0	13,270.
	* 990 PAGE 10 TOTAL - TELECOM SYSTEM					45,336.				45,336.	44,905.		.0	44,905.
	COMPUTER HARDWARE													
328111	328111 04-01-23						2			22				

8111 04-01-2

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	c C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
98	COMPUTERIZED EQUIPMENT	04/30/90	200DB	5.00	HX116	13,354.				13,354.	13,354.		0.	13,354
153	DELL COMPUTERS	08/10/00	SL	5.00	16	14,046.				14,046.	14,046.		0.	14,046
154	DELL COMPUTER	09/12/00	SL	5,00	16	2,421.				2,421.	2,421.		0.	2,421
171	СОМРИТЕR	06/30/02	SL	5.00	16	1,600.				1,600.	1,600.		0.	1,600,
172	COMPUTERS FOR AKB	07/10/02	SI	5.00	16	1,796.				1,796.	1,796.		°	1,796
173	COMPUTERS FOR NEW CLINIC	08/20/02	SL	5.00	16	2,026.				2,026.	2,026.		0	2,026,
182	LAPTOP	07/21/03	SL	5.00	16	1,198.				1,198.	1,198.		.0	1,198
183	LAPTOP	09/24/03	SL	5.00	16	1,578.				1,578.	1,578.		0.	1,578,
197	DELL COMPUTERS	07/21/05	SL	5.00	16	7,869.				7,869.	7,869.		.0	7,869
198	DELL COMPUTER	07/26/05	SI	5.00	16	2,709.				2,709.	2,709.		.0	2,709
199	DELL COMPUTER	08/25/05	SI	5.00	16	2,254.				2,254.	2,254.		0	2,254
210		03/11/06	SL	5.00	16	5,418.				5,418.	5,418.		0.	5,418
215	CONSTRUCTION IN PROGRESS - COMPUTER CABLING	12/31/08	SL	39.00	MM1 6	10,000.				10,000.	3,584.		256.	3,840
251	COMPUTERS	03/04/08	SI	5.00	16	8,292.				8,292.	8,292.		0.	8,292
252	COMPUTER	03/26/08	SL	5.00	16	684.				684.	684.		0.	684
253	COMPUTERS	08/20/08	SL	5.00	16	3,305.				3,305.	3,305.		0.	3,305
287	рвіг сомрутвя	08/26/10	SI	5.00	16	2,290.				2,290.	2,290.		ò	2,290.
321	SENTINEL NAS SERVER	11/30/12 200DB	200DB	5.00	HX17	1,000.			500.	500.	500.		0	500.

•	=
1000	
0	,
1000	2
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Assert Mon. 322 4 DELL COMPUTERS 333 DELL COMPUTERS 334 DELL COMPUTERS 335 DELL COMPUTERS 336 DELL COMPUTERS 40 COMPUTERS 41 COMPUTERS 42 COMPUTERS 42 COMPUTERS 43 SOFTWARE 12 ADVANCED SYSTEM GROUP 44 SOFTWARE 45 COMPUTERS 46 COMPUTERS 46 COMPUTERS 47 DELL COMPUTERS 48 DELL COMPUTERS 48 DELL COMPUTERS 49 DELL COMPUTERS 40 COMPUTERS 40 COMPUTERS 40 COMPUTERS 41 DELL COMPUTERS 42 COMPUTERS 43 DELL COMPUTERS 44 DELL COMPUTERS 45 DELL COMPUTERS 46 DELL COMPUTERS 47 DELL COMPUTERS 48 DELL COMPUTERS 49 DELL COMPUTERS 40 COMPUTERS 40 COMPUTERS 40 COMPUTERS 41 DELL COMPUTERS 42 COMPUTERS 43 DELL COMPUTERS 44 DELL COMPUTERS 45 DELL COMPUTERS 46 DELL COMPUTERS 47 DELL COMPUTERS 48 DELL COMPUTERS 48 DELL COMPUTERS 49 DELL COMPUTERS 40 DELL COMPUTERS 40 DELL COMPUTERS 40 DELL COMPUTERS 41 DELL COMPUTERS 42 DELL COMPUTERS 43 DELL COMPUTERS 44 DELL COMPUTERS 45 DELL COMPUTERS 46 DELL COMPUTERS 47 DELL COMPUTERS 48 DELL COMPUTERS 48 DELL COMPUTERS 49 DELL COMPUTERS 49 DELL COMPUTERS 40 DELL COMPUTERS 41 DELL COMPUTERS 42 DELL COMPUTERS 43 DELL COMPUTERS 44 DELL COMPUTERS 45 DELL COMPUTERS 46 DELL COMPUTERS 47 DELL COMPUTERS 48 DELL COMPUTERS 48 DELL COMPUTERS 49 DELL COMPUTERS 49 DELL COMPUTERS 40 DELL COMPUTER	Bus %	Reduction In Basis 855. 867. 974. 1,686.	Basis For Depreciation 855. 867. 974. 1,686. 4,100.	Beginning Accumulated Depreciation 855.	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4 DELL COMPUTERS 11/30/12 200DB 5.00 HY17 DELL COMPUTER 03/10/13 200DB 5.00 HY17 DELL COMPUTER BARRACUDA BACKUP 390 03/10/13 200DB 5.00 HY17 SCHUTION COMPUTERS COMPUTERS COMPUTERS COMPUTERS COMPUTERS COMPUTERS COMPUTERS COMPUTERS TOMPUTERS COMPUTERS COMPUTE		855. 867. 1,686.	855. 867. 1,686. 4,100.	855.			Depresiance
DELL COMPUTER DELL COMPUTER DELL COMPUTER DELL COMPUTER DELL COMPUTER DARRACUDA BACKUP 390 03/10/13 200DE 5.00 HY17 11 SOLUTION COMPUTERS * 990 PAGE 10 TOTAL - COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE DELL COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE DELL COMPUTER SOFTWARE 12/03/91 60M HY43 10 SOFTWARE DELL COMPUTER SOFTWARE 12/03/91 60M HY43 10 DELL COMPUTER SOFTWARE COMPUTER SOFTWARE DELL COMPUTER SOFTWARE COMPUTER SOFTWARE DELL COMPUTER SOFTWARE TO NY 17 13 TO NY 17 14		974.	974. 1,686. 4,100.			0.	855.
DELL COMPUTER BARRACUDA BACKUP 390 03/10/13 200DE 5.00 HY17 3 SERVER - RICOH ENGINEERED IT SOLUTION COMPUTERS COMPUTERS COMPUTERS COMPUTER SOFTWARE COMPUTER		1,686.	974. 1,686. 4,100.	867.		0.	867.
BARRACUDA BACKUP 390 SERVER - RICOH ENGINEERED IT SOLUTION COMPUTERS COMPUTERS COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE ADVANCED SYSTEM GROUP SOFTWARE SOFTWARE CONTOUR SOFTWARE COMPUTER SOFTWARE COM		1,686.	1,686.	974.		0.	974.
SERVER - RICOH ENGINEERED IT SOLUTION COMPUTERS COMPUTERS COMPUTERS COMPUTER SOFTWARE COMPUTER SOFTWARE COMPUTER SOFTWARE ADVANCED SYSTEM GROUP SOFTWARE SOFTWARE COMPUTER - RICHARD - GOM HY43 12/03/91 60M HY43 12/03/95 12/03/95 12/03/96		4,882.	4,100.	1,686.		0.	1,686.
COMPUTERS COMPUTERS COMPUTERS * 990 PAGE 10 TOTAL - COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER SOFTWARE ADVANCED SYSTEM GROUP SOFTWARE O6/30/93 60M HY43 12/03/91 60M HY43 13/03/92 12/03/93 12/03/93 13/03/93 14/03 15/03/94 15/03/95 16/04 16/05/21/96		4,882.	14 161	4,100.		0.	4,100.
COMPUTERS * 990 PAGE 10 TOTAL - COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER SOFTWARE ADVANCED SYSTEM GROUP SOFTWARE 06/30/93 60M HY43 1 SOFTWARE 05/21/96 SL 7.00 16		4,882.		11,714.		1,631.	13,345.
* 990 PAGE 10 TOTAL - COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER SOFTWARE ADVANCED SYSTEM GROUP COMPUTER GOM HY43 ADVANCED SYSTEM GROUP COMPUTER 12/03/91 COMPUTER 60M HY43 C		4,882.	13,608.	11,257.		1,567.	12,824.
COMPUTER SOFTWARE RICHMOND IMAGING ASSOC 12/03/91 60M HY43 ADVANCED SYSTEM GROUP 06/30/93 60M HY43 1 SOFTWARE 05/21/96 SL 7.00 16			117,591.	106,377.		3,454.	109,831.
ADVANCED SYSTEM GROUP 06/30/93 60M HY43 1 1 SOFTWARE 05/21/96 SL 7.00 16							
ADVANCED SYSTEM GROUP 06/30/93 60M HY43 1 SOFTWARE 05/21/96 SL 7.00 16			1,200.	1,200.		0	1,200.
05/21/96 SL 7.00 16			10,825.	10,825.		Ö	10,825.
			7,180.	7,180.		0.	7,180.
139 UNILINK SOFTWARE 08/03/98 SL 5.00 16 434.			434.	434.		0	434.
148 COMPUTER SOFTWARE 10/29/99 SL 5.00 16 999.			. 666	. 666		0.	. 666
174 RETAIL PRO SOFTWARE 06/30/02 36M HY43 3,900.			3,900.	3,900.		.0	3,900.
184 WEBSITE DESIGN 02/28/03 60M HY43 8,385.			8,385.	8,385.		0.	8,385.
185 WEBSITE DESIGN 12/31/03 60M HY43 5,625.	*		5,625.	5,625.		0.	5,625.
211 MAS 90 SOFTWARE 12/31/06 197 60M HY43 7,240.			7,240.	7,240.		•	7,240.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

55.25

FORM	FORM 990 PAGE 10				[066							
Asset No.	Description	Date Acquired	Method	Life	C C C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
271	WEBSITE DESIGN	05/12/09		W09	HY43	4,000.				4,000.	4,000.		0.	4,000.
361		08/31/15 200DB	200DB	5.00	MQ17	8,160.				8,160.	8,160.		0.	8,160.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE					57,948.				57,948.	57,948.		٥.	57,948.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT		9 7 p.			16283982.			49,788.	16234194.	5,248,598.		379,590.	5,628,188.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE	1				14636086.			49,788.	14586298.	5,253,910.			5,611,701.
	ACQUISITIONS					1,656,918.			0.	1,656,918.	0			30,336.
	DISPOSITIONS/RETIRED					0			.0	.0	.0			.0
	ENDING BALANCE	10				16293004.			49,788.	16243216.	5,253,910.			5,642,037.
	ENDING ACCUM DEPR										5,683,288.			
	ENDING BOOK VALUE										10609716.			
				1										
328111 04-01-23	34-01-23					(D) - Asset disposed	pasc		*	ITC, Salvage,	Bonus, Comm	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name HOUSTON HUMANE SOCIETY	Employer Identification Number 74-1340341	ſ
Based on the information provided with this return, the following are possible carryover amounts to next year.	71 1010011	
FEDERAL PRE-2018 NET OPERATING LOSS	3	37,855.
		37,033.
	×	
	» ·	
	*	
	3	

74-1340341 Amount Used for Amount Used for Amount Used for 12/31/23 Amount Used for FEIN: 4,248. Amount Used for 12/31/06 Amount Used for Amount Used for 12/31/22 Amount Used for Amount Used for 12/31/21 Amount Used for DETAIL CARRYOVER SCHEDULE 22,538 Amount Used for 12/31/20 Amount Used for 24,745 Amount Used for 12/31/19 Amount Used for Amount Used for 12/31/18 Amount Used for Section 382 Carryover Amount Used for 12/31/17 Amount Used for 4,248. Total Amount Used Amount Used for PRE-2018 NOL Name: HOUSTON HUMANE SOCIETY Original Carryover Amount 160, 398. 24, 136. 48, 731. 49, 186. 7, 919. 27, 218. 19, 952. 33, 535. 35, 925. Section 382 Annual Limitation Amount Used for Type and Entity: ധയയാ Year Origi-nated Detail Type 2009 2010 2011 2012 2013 2015 2016

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4798-DR

Form	990-T Exempt Organization Business Income Tax Return						
		(and proxy tax under section 6033(e))					
	For calendar year 2023 or other tax year beginning, and ending					2023	
Depart Interna	ment of the Treasury Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the to not enter SSN numbers on this form as it may be made public if you		Open to Public Inspection for 501(c)(3) Organizations Only		
A L	Check box if address changed.		Name of organization (Check box if name changed and see instr	uctions.)	D Emi	oloyer identification number	
	empt under section		HOUSTON HUMANE SOCIETY		7	4-1340341	
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.			up exemption number instructions)	
	408(e) 220(e)	1,700	14700 ALMEDA ROAD			STAND TO SERVICE CONTROL THE PROPERTY OF THE P	
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt HOUSTON}$, $\ {\tt TX}\ \ 77053$		F L	Check box if	
		С Во	ok value of all assets at end of year	,774,233.		an amended return.	
GC	heck organization	type	501(c) corporation X 501(c) trust 401(a) trust	Other trust	State	college/university	
	0		6417(d)(1)(A) Applicable entity				
	heck if filing only to		Credit from Form 8941 Refund shown on Form			unt from Form 3800	
			ation filing a consolidated return with a 501(c)(2) titleholding cor	poration			
			ed Schedules A (Form 990-T)			1	
			corporation a subsidiary in an affiliated group or a parent-subs	idiary controlled group?		Yes X No	
			d identifying number of the parent corporation	_			
-	ne books are in car		HOUSTON HUMANE SOCIETY	Telephone number 7	13-	433-6421	
Par			d Business Taxable Income				
1			ess taxable income computed from all unrelated trades or busine		1	9,119.	
2	Reserved				2	0.110	
3	Add lines 1 and 2				3	9,119.	
4	Charitable contrib	outions	(see instructions for limitation rules)		4	0.	
5			taxable income before net operating losses. Subtract line 4 from		5	9,119.	
6			ing loss. See instructions		6	9,119.	
7			ss taxable income before specific deduction and section 199A		566		
	Subtract line 6 fro	m line	5		7	1 000	
8			rally \$1,000, but see instructions for exceptions)		8	1,000.	
9	Trusts. Section 1	99A de	duction. See instructions		9	1 000	
10	Total deductions	. Add II	nes 8 and 9		10	1,000.	
11 Par	t II Tax Com	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater the	an line 7, enter zero	11	0.	
1							
2			s corporations. Multiply Part I, line 11 by 21% (0.21)		1		
2			ates. See instructions for tax computation. Income tax on the a Tax rate schedule or Schedule D (Form 1041)		ا ۽	0.	
3	Proxy tax. See in:				2	<u></u>	
4	I a manage of the second of the second of		***************************************		-		
5	Alternative minima	ım tav	nstructions		5		
6	Tax on noncomp	liant fa	cility income. See instructions		6		
7	Total, Add lines 3	throug	h 6 to line 1 or 2, whichever applies		7	0.	
	III Tax and	Paym	ents				
1a	Foreign tax credit	(corpo	rations attach Form 1118; trusts attach Form 1116)	1a	1		
b	Other credits (see			1b			
С	General business	credit.	Attach Form 3800 (see instructions)	1c			
d			num tax (attach Form 8801 or 8827)	1d	2.4		
е	Total credits. Add				1e		
2	Subtract line 1e fr	om Par	t II, line 7		2	0.	
3a	Amount due from	Form 4	255	3a			
b	Amount due from	Form 8		3b			
С	Amount due from	Form 8	/	3c			
d	Amount due from	Form 8		3d			
е	Other amounts du	ie (see	[pa 1000000	3e			
f	Total amounts due	e. Add	ines 3a through 3e		3f	0.	
4	Total tax. Add line	es 2 an	d 3f (see instructions).	ferred under			
			amount here		4	0.	
5	Current net 965 ta	x liabili	ty paid from Form 965-A, Part II, column (k)		5	0.	

Part	III Tax and Payments (continued)		= 372 (
6 a	Payments: Preceding year's overpayment credited to the current year	. 6a		ALE I		
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	☐ 6b				
С	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)			MEDI		
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	illus company			
g	Elective payment election amount from Form 3800		7172			
h	Payment from Form 2439					
i	Credit from Form 4136	6i		100		
i	Other (see instructions)	6i				
7	Total payments. Add lines 6a through 6j			7		
8				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed					
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	void	••••••	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Jaiu	Refunded			
	IV Statements Regarding Certain Activities and Other Informat	ion (see				
1	At any time during the 2023 calendar year, did the organization have an interest in or			N. V.	I Vaa	LNa
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the				Yes	No
					711	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name o	the foreign countr	У	110	x
2	here		Production and the			Α
2	During the tax year, did the organization receive a distribution from, or was it the gran				D AND IS	v
	foreign trust?					X
•	If "Yes," see instructions for other forms the organization may have to file.					100
3	Enter the amount of tax-exempt interest received or accrued during the tax year				- 20	
4	Enter available pre-2018 NOL carryovers here \$ 346,974. Do not in					
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by					
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017				3 613	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for					
	Business Activity Code		lable post-2017 NO	L carryover	13.80	
	\$					
	\$				_	
-	\$					HEW.
	\$					
	Reserved for future use					
	Reserved for future use		***************************************			
Part '						
Provide	any additional information. See instructions.					
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any	knowledge.	lowledge and belief	it is true,	
Here	F CONTRACTOR OF THE CONTRACTOR		CUTIVE	May the IRS discus	s this return	with
Here	DIRECT(OR		the preparer shown		
	Signature of officer Date Title			instructions)?	Yes	No
	Print/Type preparer's name Preparer's signature D	ate	Check	if PTIN		
Paid		1/10/0/	self-employed		www.commans.com.com	
Prepa	rer Sillie St Silli I III	1/18/20	J24	P004		
Use O	Priv Firm's name GRIFFING & COMPANY, P.C.		Firm's EIN	76-02	23369	5
ces 1005 Fd	ONE SUGAR CREEK CTR BMYD, STE	650			200000000000000000000000000000000000000	
	Firm's address SUGAR LAND, TX 77478 V		Phone no.	281-491		
			27/11	Form	990-T	(2023)

FORM 990-T		PRE 2018 NOL SCHE	DULE	STATEMENT
	NOL CARRY FORWARD NOL DEDUCTION INCL		JINE 6	346,974. 9,119.
	A PORTION OF PRE-2 A ENTITY	018 NOL SCHEDULE A	SHARE	
	1	, 	0.	
NET OPERAT BALANCE AS EXPIRING N	EDULE A SHARE OF PORTION FIRE PRE-2018 NOL STATE OPERATING LOSS VARD OF NET OPERAT	DEDUCTION ES		0. 9,119. 0. 0. 337,855.
ORM 990-T	PRE-20	18 NET OPERATING	LOSS DEDUCTION	STATEMENT
ΓAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
2/31/05	160,398.	107,569.	52,829.	52,829.
2/31/07	24,136.	0.	24,136.	24,136.
2/31/08	48,731.	0.	48,731.	48,731.
2/31/09 2/31/10	49,186.	0.	49,186.	49,186.
2/31/10	7,919. 21,594.	0. 4,248.	7,919.	7,919.
2/31/11	27,218.	4,248.	17,346. 27,218.	17,346. 27,218.
2/31/13	19,952.	0.	19,952.	19,952.
2/31/14	33,535.	0.	33,535.	33,535.
2/31/15	30,197.	0.	30,197.	30,197.
2/31/16	35,925.	0.	35,925.	35,925.
OL CARRYOV	ER AVAILABLE THIS	YEAR	346,974.	346,974.
				(

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A	HOUSTON HUMANE SOCIETY		74-1340341			
С	Unrelated business activity code (see instructions) 45990	0		D Seque	nce: 1	of 1
E I	Describe the unrelated trade or business RETAIL SALE	OF	SUPPLIES FOR	THE CA	RE OF A	ANIMA
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Exper	ises	(C) Net
1 a	Gross receipts or sales 9,318.			VI E-XIE		VERNIER IN
b	Less returns and allowances c Balance	1c	9,318.			
2	Cost of goods sold (Part III, line 8)	2	199.		,	
3	Gross profit. Subtract line 2 from line 1c	3	9,119.		Visual y	9,119.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				S1 - 1 - 1 - 1	
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12			NAME OF	
13	Total. Combine lines 3 through 12	13	9,119.			9,119.
	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business in	come	•			must be
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7		4,00	
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans		10			
11	Employee benefit programs		11			
12	Excess exempt expenses (Part VIII)		12			
13	Excess readership costs (Part IX)		13			
14	Other deductions (attach statement)				14	0
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S				15	0.
	column (C)				. 16	9,119.
17	Deduction for net operating loss. See instructions				. 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3			AND ARREST AND ADDRESS OF THE PARTY OF THE P	9,119.
Or D	Panerwork Reduction Act Notice see instructions				Cabadula /	(Form 000 T) 2022

Schedule A (Form 990-T) 2023

10

11

0.

0.

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

Schedu	ule A (Form 990-T) 2023 VI Interest, Annu	iitias B	ovalties and D	onte Er	om Contr	ollod ()raanizatio	nc /				Page 3
rait	VI Interest, Aint	aities, n	oyanies, and r	Tents Fre	om Contr							
Name of controlled organization		1. Name of controlled 2. Employer 3. Net unrelated 4. Total of spec		Mark to to decide		t of colur included olling orga	olumn 4 6. Dec		Deductions directly connected with come in column 5			
(1)		Notes of the state		9,000 1110	-							
(2)												
(3)												
(4)												
A-1			No	nexempt (Controlled O	ganizati	ions					
7	Taxable Income	in	Net unrelated come (loss) e instructions)	1	otal of specif yments mad		10. Part of that is incontrolling gross	luded in	n the ation's	(Deductions connected ome in colu	with
(1)							9.000					
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and on olumn (Part I, A). 0 •	Ente	columns 6 r here and c ne 8, colum	on Part I,
Part	VII Investment	Income	of a Section 50	01(c)(7),	(9), or (17)	Orga	nization (s	ee instr	uctions)			
		cription of i			2. Amour incom	nt of	3. Deduction directly connected (attach state)	ons ected (4. Set-		t) and se	deductions et-asides ls 3 and 4)
(1)												
(2)												
(3)												
(4)	- Allen											
Totals					Add amou column 2. here and or line 9, colu	Enter Part I,					column here and	nounts in n 5. Enter d on Part I, olumn (B). 0 •
Part	VIII Exploited E	xempt A	ctivity Income	Other	Than ∆dv		a Income	coo inct	ructions)	-		
1	Description of exploite			, other	Than Adv	Cition	ig income (300 11131	ructions)	T		
	Gross unrelated busin			iness Ente	er here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con											- 2019-1-2
	line 10, column (B)									3		
4	Net income (loss) from											
36	lines 5 through 7									4		
5	Gross income from act	tivity that is	s not unrelated bus	iness inco	me			*********		5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expens											
	4. Enter here and on P			u vo montest italias "Wi						7		

Schedule A (Form 990-T) 2023

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 3
SCHEDULE A BUSINESS ACTIVITY

RETAIL SALE OF SUPPLIES FOR THE CARE OF ANIMALS
TO FORM 990-T, SCHEDULE A, LINE E

4562 Form

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

I Business or activity to which this form relates

990

2023

Attachment Sequence No. 179

dentifying number

OMB No. 1545-0172

HOUSTON HUMANE SOCIETY FORM 990 PAGE 10 74-1340341 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 2,890,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 196,191. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 161,804. 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property h 5-year property 52,302. 7 YRS. HY 200DB 7,472. 7-year property c ď 10-year property 93,179. 15 YRS. HY 150DB 4,660. 15-year property e 20-year property 25-year property 25 yrs. S/L g MM S/L 27.5 yrs. h Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. MM 30-year 30 yrs. S/L C d 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 9,463. 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 379,590. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

HOUSTON HUMANE SOCIETY 74-1340341 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (e) (i) (q) (a) Type of property (d) (h) Date Business/ Basis for depreciation Depreciation Elected Method/ Cost or Recovery placed in investment (business/investment section 179 (list vehicles first) other basis Convention deduction period service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 25 26 Property used more than 50% in a qualified business use: 2022 CHEVROLET 021522 52.57 60,994. 32,065.5.00 200DB-HY 9,463. % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 9,463. 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 11 Vehicle 2 Vehicle 4 Vehicle 3 Vehicle 5 Vehicle 6 year (don't include commuting miles) 7,728 6,971 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 14,699 34 Was the vehicle available for personal use Yes Yes No Yes No No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees?_____ 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) (d) Code section (e) (f) Date amortization Amortizable amount Amortization for this year period or percentage 42 Amortization of costs that begins during your 2023 tax year: 43 Amortization of costs that began before your 2023 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report . 44

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Property of	USTON HUMANE SOCIET						74-1340341
120	rt Election To Expense Certain Prop	erty Under Section 1	179 Note: If you have	any listed property,	complete Par	t V before y	
	Maximum amount (see instructions)	1	1,160,000.				
2 1	otal cost of section 179 property pla	2					
3 1	Threshold cost of section 179 proper	ty before reduction	in limitation			3	2,890,000.
4 F	Reduction in limitation. Subtract line	4					
5 0	Pollar limitation for tax year. Subtract line 4 from li	ine 1. If zero or less, enter	r -0 If married filing separa	tely, see instructions		5	
6	(a) Description of	property	(b) Cos	t (business use only)	(c) Elected	cost	
		<u>#</u> /					

	isted property. Enter the amount fro	*********	*************************				
	otal elected cost of section 179 prop						
9 T	entative deduction. Enter the smalle	er of line 5 or line 8			********************	9	
10 (Carryover of disallowed deduction fro	m line 13 of your 2	022 Form 4562	**************		10	
11 E	Business income limitation. Enter the	smaller of busines	s income (not less th	an zero) or line 5		11	
	Section 179 expense deduction. Add					12	
	Carryover of disallowed deduction to			13			
	: Don't use Part II or Part III below for						
Pai	† II Special Depreciation Allow	ance and Other D	epreciation (Don't i	nclude listed proper	rty.)		
14 5	special depreciation allowance for qu	alified property (ot	her than listed prope	rty) placed in servic	e during		
t	ne tax year		**********		******************	14	
15 F	Property subject to section 168(f)(1) e	election				15	
16 C	Other depreciation (including ACRS)					16	
Par	t III MACRS Depreciation (Don	't include listed pro	perty. See instructio	ns.)			
			Section A				
17 N	MACRS deductions for assets placed	l in service in tax ye	ears beginning before	2023		17	
18 If	you are electing to group any assets placed in se						
	Section B - Asset	s Placed in Service	e During 2023 Tax \	ear Using the Ger	neral Deprecia	ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	use (d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property	and the latest		25 yrs.		S/L	
	Desidential model was set	1		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27.5 yrs.	MM	S/L	
	Name of the Balancian and the	1		39 yrs.	MM	S/L	
î	Nonresidential real property	1			MM	S/L	
	Section C - Assets	Placed in Service	During 2023 Tax Ye	ar Using the Alter	native Depre	iation Syst	tem
20a	Class life	OF THE REAL PROPERTY.				S/L	
b	12-year	5-24		12 yrs.		S/L	
С	30-year	1		30 yrs.	MM	S/L	
d	40-year	1		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)	5			-		
21 L	isted property. Enter amount from lin					21	
	otal. Add amounts from line 12, lines			***************************************			
	nter here and on the appropriate line				r	22	0.
	or assets shown above and placed in		17.			1	WENTSCHIPFES
	ortion of the basis attributable to sec		* *	23		2	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (c) (e) (f) (a) Type of property (list vehicles first) (d) (q) (h) Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 period Convention other basis deduction service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L · % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 vear (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use No Yes Yes Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI | Amortization (a) Description of costs (b) (f) (e) Amortization 42 Amortization of costs that begins during your 2023 tax year: 43 Amortization of costs that began before your 2023 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report