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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public Inspection
mspection

А	For the	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		74-13403	41
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
F	Final return			713-433-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,393,419.
	Amen			H(a) Is this a group re	
F	return Applic tion			for subordinates	
	tion pendi	P Name and address of principal officer. STATE 1 CON		V	—
_		V 504/5\/0\	- 507	H(b) Are all subordinates i	
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1958	M State of legal domicile: $\mathbf{T}\mathbf{X}$
P	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: THE	CARE,	ADOPTION, E	DUCATION,
Activities & Governance		AND/OR PREVENTION OF CRUELTY TO ANIMALS			
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
တွ တ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			124
ij				_	541
Ę					357,523.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
Revenue	1.		_	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,739,808.	9,560,520.
	9	Program service revenue (Part VIII, line 2g)		3,090,985.	3,198,117.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		366,836.	325,556.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		162,145.	236,773.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,359,774.	13,320,966.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Colonias other componenties completes benefits (Dott IV colones (A) lines 5.10)		3,024,668.	3,411,769.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 709,8		148,758.	276,711.
þer	h	Total fundraising expenses (Part IX, column (D), line 25) 709.8	92.	.,	- ,
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,870,262.	6,004,102.
				8,043,688.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,316,086.	
<u></u> (19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or			Be	•	
SSE	20	Total assets (Part X, line 16)		27,051,708.	29,944,974.
A P	21	Total liabilities (Part X, line 26)		282,340.	476,216.
		Net assets or fund balances. Subtract line 21 from line 20		26,769,368.	29,468,758.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		CAPA		11/10/2023	
		Type or print name and title PRESIDENT & CEO			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai	d	JAMES S. GRIFFING Cames S. Grif	lina	11/10/2023 if self-employ	P00475060
	parer	Firm's name GRIFFING & COMPANY/ P.C.)	John onipio)	6-0233695
	Only	Firm's address ONE SUGAR CREEK CTR BLVD, STE 65	<u> </u>	THIII S LIN /	
J30	, omy	SUGAR LAND, TX 77478	•	Dhone 20	1-491-8866
_				Priorie no. 4 o	
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
	004 40 4	o contrata la contrata de la contrata del contrata del contrata de la contrata del			Lorm WWI 1 (0000)

Pai	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	037
	HOUSTON HUMANE SOCIETY, THROUGH LEADERSHIP, EDUCATION AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION ACTION ACTION ACTION ACTION AND ACTION ACTION ACTION ACTION ACTION ACTION ACTION ACTION ACTION	JN,
	SEEKS TO PREVENT CRUELTY TO ALL LIVING CREATURES, RELIEVE THE	~=====================================
	SUFFERING OF ANIMALS, AND PROVIDE EDUCATIONAL PROGRAMS TO THE	GENERAL
	PUBLIC REGARDING ANIMAL WELFARE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the se	xpenses, and
	revenue, if any, for each program service reported.	
4a		,852,572. ₎
	<u> </u>	NCLUDING
	VACINATIONS, SPAY/NEUTER SERVICES AND HEART WORM PREVENTION.	
4b	(Code:) (Expenses \$4 , 666 , 167 • including grants of \$) (Revenue \$)	345,545.)
	THE SHELTER PROVIDES SHELTER, ANIMAL CARE AND FOOD TO HOMELESS	ANIMALS.
	THE SHELTER ALSO OFFERS LOW COST ADOPTION OF THESE ANIMALS.	
	F4E 420	<u> </u>
4c	(Code:) (Expenses \$ 547,130 • including grants of \$) (Revenue \$	52,767.
	WITH THE HELP OF FULL-TIME STAFF HIRED AS CRUELTY INVESTIGATOR	S, HHS IS
	ABLE TO RESCUE ANIMALS FROM ABUSIVE SITUATIONS, ENFORCE ANIMAL	
	PROTECTION LAWS THROUGH THE CIVIL COURT SYSTEM, PROSECUTE ABUS	
	FILING CRIMINAL CHARGES, AND EXECUTE OUTSTANDING CRIMINAL WARRA	ANTS
	ALONG WITH ANIMAL CRUELTY WARRANTS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 8,798,614.	
		Form 990 (2022)

Form 990 (2022) HOUSTON HUMANE SOCIETY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) HOUSTON HUMANE SOC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	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	١		X
	Schedule K. If "No," go to line 25a	24a		
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	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		
34	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
I al	Check if Schedule O contains a response or note to any line in this Part V			
	2.12 Solidadio di contanto a responde di noto to any mio in ano i art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

022) HOUSTON HUMANE SOCIETY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		104			
	filed for the calendar year ending with or within the year covered by this return	2a	124		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X	
	· · · · · · · · · · · · · · · · · · ·			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial and the foreign country).	accou	nt) ?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ate (EDAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ sense$	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		Х
9	Sponsoring organizations maintaining donor advised funds.			Ŭ		
а	Did the agree of a constitution and a great scale distribution and a continue 40000			9a		х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? İ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			104		
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	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u></u>
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	me?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	.a	_			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	n 100, complete i onii occo.					

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.

					X
Sec	tion A. Governing Body and Management				
		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				7.7
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the				3,7
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form				X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
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 a				3,7
	more members of the governing body?		<u>7a</u>		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7,7	
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				3,7
	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 Fi	evenue Code.)		1	
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		. 10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such of		401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk		. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		40-	х	
40	on Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		. 14	22	
15	Did the process for determining compensation of the following persons include a review and approve	* .			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	х	
	The organization's CEO, Executive Director, or top management official			X	-
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		. 130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
ioa	taxable entity during the year?		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		. 104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation of evaluat				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		. 102		
17	List the states with which a copy of this Form 990 is required to be filedTX				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c)(3)s only	n) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	(555.511.551(0)	,,-,- 5,,,	,	
	TT	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fina	ncial	
	statements available to the public during the tax year.	,			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
-	HOUSTON HUMANE SOCIETY - 713-433-6421				
	14700 ALMEDA ROAD, HOUSTON, TX 77053				

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.
- 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.

Check this box if neither the organization n		orga	aniza			npe	nsat			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	.o.					Ė	from the	from related organizations	other compensation
	hours for	direct				ō		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	·	and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) GARY POON	70.00	l		l				450 400		0.5.4.40
PRESIDENT & CEO	4000	Х		Х				173,193.	0.	36,148.
(2) TONY MALONE	40.00					l		464 005		40.004
MEDICAL DIRECTOR						Х		164,327.	0.	13,324.
(3) SHERRY FERGUSON	8.00	l								
EXEC DIRECTOR EMERITUS		Х						78,000.	0.	0.
(4) BEVERLY BRANNAN	2.00	l								
CHAIR		Х						0.	0.	0.
(5) CYNTHIA A.K. RIGONI	2.00	l								
SECRETARY		Х						0.	0.	0.
(6) ANDY FLORES	2.00	l								
TREASURER		Х						0.	0.	0.
(7) JOLIE HOWARD	2.00	١								•
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		<u> </u>	_	_		<u> </u>	_			
		-								
		1								
		1	1	ı	l	l	I		l	

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	,	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n	an	nount (of
	week	-	cer ar	o a o	recto	or/trus	tee)	from	from related		1	other	
	(list any hours for	Individual trustee or director						the	organization			pensa	
	related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	ruste	Institutional trustee		ee ee	nben		1099-NEC)	1099-1420)		_	d relate	
	below	dualt	utiona	L	nploy	st col	<i>™</i>	10001120)				anizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
		1											
		L											
		1											
		\vdash				-							
		-											
		\vdash											
		1											
		1											
		1											
		igspace											
		-											
		╁				\vdash					\vdash		
		┨											
1b Subtotal			<u> </u>			<u> </u>		415,520.		0.	4	9,4	72.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								415,520.		0.	4	9,4	72.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			_
compensation from the organization												· I	<u> </u>
• Dilli												Yes	No
3 Did the organization list any former office			•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the											3		
and related organizations greater than \$1			•					•	trie organization		4	х	
5 Did any person listed on line 1a receive o			•					***************************************	idual for services				
rendered to the organization? If "Yes," co											5		Х
Section B. Independent Contractors	•											•	
1 Complete this table for your five highest of										npens	ation f	rom	
the organization. Report compensation for	r the calendar y	ear e	endi	ng v	vith	or w	ithir		year.				
(A) Name and busines	e address	NIC	INC	,				(B) Description of s	envices	c	(C Compei		n
- Name and busines	3 4001033	11/)INI	<u>. </u>			\dashv	Description of s	ici vices		- Cimpei	isatioi	
							1						
							\dashv						
		_											
2 Total number of independent contractors		not li	mite	d to		^	sted	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization					0						990 (c	

. u		Check if Schedule O	contains a respons	e or note to any lin	e in this Part VIII			
		Crieck ii Scriedule O	contains a respons	e or note to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	, ,	Revenuè éxcluded
						function revenue	business revenue	
<u> </u>			 					sections 512 - 514
nts	1 a	Federated campaigns	1a					
g ol	b	Membership dues	1b					
ts, An	С	Fundraising events	1c					
直	d	Related organizations	1d					
in.	е	Government grants (contr	ributions) 1e					
ΪŞ	f	All other contributions, gifts,	grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included	l above 1f	9,560,520.				
	g	Noncash contributions included in	1 lines 1a-1f	2,070,002.				
a S	h	Total. Add lines 1a-1f			9,560,520.			
				Business Code	· · ·			
o l	2 a	SERVICE FEES		541900	3,198,117.	3,198,117.		
ا <u>ج</u>	b	·			, , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
Ser	C							
E S	d							
Re	-							
Program Service Revenue	4	All other program service	***************************************					
	'				3,198,117.			
\dashv		Total. Add lines 2a-2f			3,130,117.			
	3	Investment income (includ			222 155		222 155	
					323,155.		323,155.	
	4	Income from investment of	=	-				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss	s) <u></u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 15,057,921	- •				
	b	Less: cost or other basis						
ne		and sales expenses	7b 15,055,520).				
Ver	С	Gain or (loss)	7c 2,401	- •				
Be	d	Net gain or (loss)			2,401.		2,401.	
her Revenue		Gross income from fundraising						
₹		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18	<i>'</i>	a 167,398.				
	b		8					
		: Net income or (loss) from			152,039.			152,039.
		Gross income from gamin	· -		,			, ,
		Part IV, line 19	-	a				
	h		9					
		: Net income or (loss) from		<u> </u>				
			· · -					
	10 a	Gross sales of inventory, l	1)a 16,818.				
		and allowances						
		Less: cost of goods sold		,	15 244		15 244	
\rightarrow	С	Net income or (loss) from	sales of inventory		15,244.		15,244.	
sn		DAIDED CACE		Business Code	F0 F0=	F0 F5=		
ne ge		RAIDER CASE		900099	52,767.	52,767.	46 763	
Miscellaneous Revenue	b	T-SHIRTS & LEASHES		900099	16,723.		16,723.	
Re Re	С							
Ĕ¯		All other revenue						
		Total. Add lines 11a-11d			69,490.			
	12	Total revenue. See instruction	ons		13,320,966.	3,250,884.	357,523.	152,039.

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com			, , ,	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4-0-400	4.4		
	trustees, and key employees	173,193.	164,533.	1,732.	6,928.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 046 227	2 624 707	21 425	100 005
7	Other salaries and wages	2,846,227.	2,634,707.	31,435.	180,085.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	392,349.	373,429.	2,884.	16,036.
11	Payroll taxes Fees for services (nonemployees):	3,2,34,0	3,3,423	2,001	10,000
	Management				
	Legal				
	Accounting	91,669.	69,402.	9,850.	12,417.
	Lobbying				· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services. See Part IV, line 17	276,711.			276,711.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	156,629.	156,335.		294.
13	Office expenses	21,771.	17,483.		4,288.
14	Information technology				
15	Royalties				
16	Occupancy	34 600	25 060	6 100	2 2/2
17	Travel	34,600.	25,069.	6,188.	3,343.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	372,120.	314,520.	36,000.	21,600.
23	Insurance	408,213.	306,160.	61,232.	40,821.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	COST OF GOODS SOLD	3,042,368.	3,042,368.		
b	CONTRACTED SERVICES	851,737.	801,849.		49,888.
С	MAINTENANCE & REPAIRS	212,616.	212,616.		
d	GENERAL EDUCATION & PUB	174,565.	174,565.	24 755	07 /01
	All other expenses	637,814.	505,578. 8,798,614.	34,755. 184,076.	97,481. 709,892.
25	Total functional expenses. Add lines 1 through 24e	3,034,304.	0,130,014.	104,0/0.	103,034.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 10. 12. 20.				Earm 990 (2022)

Form 990 (2022) Part X Balance Sheet

Pai	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,118,857.	2	5,240,065.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described				6	
əts	7	Notes and loans receivable, net		205	7	1 100	
Assets	8	Inventories for sale or use			385.	8	1,128.
٩	9	Prepaid expenses and deferred charges			12,132.	9	10,532.
	10a	Land, buildings, and equipment: cost or other		14 660 053			
		basis. Complete Part VI of Schedule D	10a	14,009,853.	0 452 017		0 277 200
		Less: accumulated depreciation		5,292,555.	9,453,017.	10c	9,377,298.
	11	Investments - publicly traded securities			15 167 217	11	15 215 051
	12	Investments - other securities. See Part IV, line			15,467,317.	12	15,315,951.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			27,051,708.	15	29,944,974.
	16	Total assets. Add lines 1 through 15 (must equ			186,168.	16 17	350,323.
	17 18	Accounts payable and accrued expenses	F	100,100.	18	330,323.	
	19	Grants payable				19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or forn				21	
Liabilities		trustee, key employee, creator or founder, subs					
abil		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			96,172.	25	125,893.
	26	Total liabilities. Add lines 17 through 25			282,340.	26	476,216.
<u></u>		Organizations that follow FASB ASC 958, che		77			
Š		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			24,126,354.	27	26,675,829.
I Be	28	Net assets with donor restrictions		<u></u>	2,643,014.	28	2,792,929.
ŭ		Organizations that do not follow FASB ASC 9	58, che	eck here			
F.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Ţ.	31	Retained earnings, endowment, accumulated in			06 860 060	31	00 460 550
Š	32	Total net assets or fund balances			26,769,368.	32	29,468,758.
	33	Total liabilities and net assets/fund balances			27,051,708.	33	29,944,974.

Form	1 990 (2022) HOUSTON HUMANE SOCIETY	74-	1340	341	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,69		
3	Revenue less expenses. Subtract line 2 from line 1	3		,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,76		
5	Net unrealized gains (losses) on investments	5		-93	0,5	71.
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			1,5	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	29	,46	8 <u>,7</u>	58.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					l
	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 Sci	nedule (Э.			
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

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

pen to Public Inspection

HOUSTON HUMANE SOCIETY 74-1340341 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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. 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Se (ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
0-	organization, check this box and stop						
	ction C. Computation of Publ			. (0)		1	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	<u>%</u>
Iba	6a 33 1/3% support test - 2022. 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						
h	33 1/3% support test - 2021. If the c						
D	and stop here. The organization qual						
170							
17 a	a 10% -facts-and-circumstances test - 2022. 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 to		·	•		· ·	
h	10% -facts-and-circumstances tes	~				17a and line 15 is	
IJ	more, and if the organization meets the						10/0 01
	organization meets the facts-and-circle						
12	Private foundation. If the organization						
.0	Thrace roundation. If the organization	ii aia iiot oileon a	SON OFFICE TO, TO	a, 100, 11a, 01 11	D, OHOUR HIIS DUX	and occinionaction	<u></u>

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	ction A. Public Support	elow, please comp	nete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	1935755.	2810670.	4649809.	5739808.	9560520.	24696562.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	3459861.	3738393.	3222621.	3090985.	3198118.	16709978.
3	Gross receipts from activities that						
	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	5395616.	6549063.	7072420	0020702	10750620	41406540.
	Total. Add lines 1 through 5	2392616.	6549063.	7872430.	8830793.	12/58638.	41406540.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						-
8	Public support. (Subtract line 7c from line 6.)						41406540.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018 5395616.	(b) 2019 6549063.	(c) 2020 7872430.	(d) 2021	(e) 2022	(f) Total 41406540.
	Amounts from line 6	3393616.	0349003.	7072430.	0030793.	12/30030.	41406340.
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	136,973.	259,448.	256,940.	240,325.	323 155	1216841.
	and income from similar sources	130,973.	239,440.	230,340.	240,323.	323,133.	1210041.
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	136,973.	259,448.	256,940.	240,325.	323,155.	1216841.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	5532589.	6808511.	8129370.	9071118.	13081793.	42623381.
	First 5 years. If the Form 990 is for the						
• •	check this box and stop here	io organization o III	o., 000011a, tiliia,	ioditii, oi ilitii tax	, 54, 45 4 500001	o . (o)(o) organizar	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (I			column (f))		15	97.15 %
	Public support percentage from 2021					16	97.60 %
	ction D. Computation of Inves					10	2 7 0 0 0 70
17	Investment income percentage for 20			ne 13 column (fl)		17	2.85 %
	Investment income percentage from 2					18	2.40 %
	33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box a						X
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st e	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b 5c		
	30		
	6		
	7		
	,		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	401		
dula	10b A (Forr	n 000	2022
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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>71</i> 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	aon o. Type ii oupporting organizationo		Yes	No
4	Ways a majority of the avganization's divestors by twisters duving the tay year also a majority of the divestors		162	INO
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	uon B. Ali Type ili Supporting Organizations		V	Na
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see	

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 HOUSTON HUMANE SOCIETY					4-1340341 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continue)	d)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number 74-1340341

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 900 Part Y		\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (scheck all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI, line 91. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes, explain the arrangement in Part XIII and complete the following table: C Beginning balance 16 Additions during the year 16 C Beginning balance 17 18 19 C Brownent Funds. Complete if the organization answered "Yes" on Form 990, Part XIII Yes No D If "Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No D If "Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No D If "Yes Yes No If Yes Yes No D If "Yes Yes No If Yes Yes No D If Yes Yes No If Yes Yes No If Yes Yes No D If Yes Yes No If Yes Yes No D If Yes Yes No If Yes Yes No If Yes Yes No D Contributions 18 Yes Yes No If Yes Yes Yes Yes Yes Yes Yes D Contributions 18 Yes Ye	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	ner Similar <i>A</i>	Assets(conti	inued)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agant, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization an agant, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 If "Yes," explain the arrangement in Part XIII and complete the following table:	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant use	of its	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?		collection items (check all that apply):						
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Ecorow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 91, for explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance C Beginning balance G Beginning balance G Beginning balance F Ending balance B Durth V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. The Beginning of year balance G S38,163, G S38,	а	Public exhibition	d	Loan or exc	hange program			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Seginning balance 1c Amount 1c Camonity and the ever amount on Form 990, Part X, line 21. 1c Amount 1c Camonity and the explanation has been provided on Part XIII 1c Amount 1c Camonity and the explanation Amount on Form 990 Part X, line 10. 1c Part V Endowment Funds. Complete if the organiz	b	Scholarly research	е	Other				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization the part, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization the part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table:	С	Preservation for future generations						
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Part IV Escrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X IV Yes X No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5							
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [6] Current year [7] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [8] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 10. [9] Complete if the organizations is listed as required on Schedule R? [9] Complete if the organizations is listed as required on Schedule R? [9] Complete if the organizations is listed as required on Schedule R? [9] Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990,								
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1c	Par			ete if the organizatio	n answered "Yes" o	n Form 990, Pa	ırt IV, line 9, o	or
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10		reported an amount on Form 990, Pa	rt X, line 21.					
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a							77
C Beginning balance C C							└── Yes	L <u>X</u> No
C Beginning balance It C	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			A	
d Additions during the year							Amour	<u>π</u>
Expression Extractions during the year Finding balance Fin								
Finding balance 11								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (a) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_				•		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years (d) Three yea								
1a Beginning of year balance 838,163. 8	ı aı	Endowment i unus: Complete i					hack (a) Fou	ır vears hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Bray designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year endow	10	Paginning of year halance			* * * * * * * * * * * * * * * * * * * *			
Color Net investment earnings, gains, and losses			030,103.	030,103.	030,103.	. 030,	103.	030,103.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 838,163, 838,163								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 838,163, 83								
## Administrative expenses ## B38,163. ##								
## Administrative expenses 838,163 183,163 183,163 183,163 183,163 183,163 183,163 183,163 183,163	-	. '						
Rod of year balance Rod State Rod St		. •						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			838 163.	838 163.	838 163.	838	163.	838 163.
Board designated or quasi-endowment		·	, 1		,	,		
b Permanent endowment			•		,,, mora ao.			
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 8,314,927,319,451,156,4,863,771. c Leasehold improvements 1,361,036,1,036,1,055,060,305,976. d Equipment 1,361,036,1,055,060,339,200,232.		<u> </u>						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 4 Land 4 , 007, 319. 4 , 007, 319. 5 Buildings 8 , 314, 927. 3 , 451, 156. 4 , 863, 771. C Leasehold improvements d Equipment 9 0 Other 1 1, 361, 036. 1 , 055, 060. 3 05, 976. 9 0 Other Other								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related orga	•		, -					
Ves No (i) Unrelated organizations 3a(i) X 3a(ii)	За	-	· · · · · · · · · · · · · · · · · · ·	ation that are held a	nd administered for	the		
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii		•	J					Yes No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4,007,319. 4,007,319. 5 Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements d Equipment 986,571. 786,339. 200,232.		,					3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 4,007,319. 4,007,319. b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements d Equipment 986,571. 786,339. 200,232.							3a(ii)	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,007,319. 4,007,319. 4,007,319. 4,863,771. b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.	b							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,007,319. 4,007,319. b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.	4							<u> </u>
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t VI Land, Buildings, and Equipm	nent.					
ta Land basis (investment) basis (other) depreciation b Buildings 4,007,319. 4,007,319. c Leasehold improvements 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	K, line 10.		
1a Land 4,007,319. 4,007,319. b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.		Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulated	(d) Boo	ok value
b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.								
b Buildings 8,314,927. 3,451,156. 4,863,771. c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.	1a	Land						
c Leasehold improvements 1,361,036. 1,055,060. 305,976. e Other 986,571. 786,339. 200,232.				8,31	4,927. 3,	451,156	4,86	3,771.
e Other 986,571. 786,339. 200,232.								
e Other 986,571. 786,339. 200,232.	d	Equipment						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<u>e</u>	Other				786,339		
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		9,37	7,298.

Tart vii investments Striet Sesanties:					
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 5,982,828. END-OF-YEAR MARKET VALUE
(B) FIXED INCOME TAXABLE BOND

(C) FUNDS 1,069,188. END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT 5,698,248. END-OF-YEAR MARKET VALUE
(E) US TREASURY NOTES 2,565,687. END-OF-YEAR MARKET VALUE
(F)

(G)
(H)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

15,315,951.

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, col. (B) line 13.)		

Part IX Other Assets.

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

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

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) Federa	l income taxes	
(2) ACCI	RUED PAYROLL	114,107.
(3) PAYI	ROLL TAXES PAYABLE	11,725.
(4) SALI	ES TAX PAYABLE	61.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	125,893.

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

Schedule D (Form 990) 2022 HOUSTON HUMANE SOCIE	ETY	7	4-13	340341 Page 4
Part XI Reconciliation of Revenue per Audited Financia	al Statements With			
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statement	nts		1 1	12,391,971.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		-930,571.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	1,576.		
e Add lines 2a through 2d		<u>:</u>	2e	-928,995.
3 Subtract line 2e from line 1			3 1	13,320,966.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I				13,320,966.
Part XII Reconciliation of Expenses per Audited Financi	ial Statements Witl	n Expenses per R	eturn	1.
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.			
1 Total expenses and losses per audited financial statements			1	0.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	0.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	, line 18.)		5	0.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b	and 2b; Part V, line 4;	Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional inforr	mation.		
PART X, LINE 2:				
IN 2009, THE ORGANIZATION IMPLEMENTED	THE PROVISIO	NS OF ASC T	OPIC	3 740-10,
INCOME TAXES WHICH CLARIFIES THE ACCOU	INTING FOR UN	CERTAINTY I	<u>N TV</u>	1COME
TAXES. THE ORGANIZATION CONCLUDED THE	ERE WERE NO U	NCERTAIN TA	<u> </u>	DSITIONS
THAT RESULT IN MATERIAL UNRECOGNIZED T	AX BENEFITS.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
TAKI AI, DINE ZD - OIREK ADUUSTMENTS:				
COST OF GOODS SOLD - ANIMAL KINGDOM				1,574.
COST OF COORS DOIN WHITMH KINGDOM				1,3/4•
ROUNDING				2.

Schedule D (Form 990) 2022

1,576.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

Schedule D (Form 990) 2022	HOUSTON HUMANE SOCIETY	74-1340341 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inf	formation (continued)	<u> </u>
	(**************************************	

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.

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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 74-1340341

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this par	t.	orou i	00 01	11 0111 000, 1 411 14,	17.17 OIIII 000 L2	Thoro are riot					
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	/ities.	Check all that apply							
a X Mail solicitations	e Solicita	tion of	non-g	overnment grants							
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants							
c Phone solicitations g X Special fundraising events											
d In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or											
key employees listed in Form 990, P						X No					
b If "Yes," list the 10 highest paid indi						e					
compensated at least \$5,000 by the			Ü								
	T										
(i) Name and address of individual		(iii) fundr have cu	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid					
or entity (fundraiser)	(ii) Activity	have con	istody trol of	from activity	fundraiser	to (or retained by)					
or orning (randraider)		contribu	itions?	Hom activity	listed in col. (i)	organization					
ALPHA DOG MARKETING - 9060	GRAPHIC DESIGN, PRINTING	Yes	No								
ANDERMATT DRIVE, LINCOLN, NE	AND STRATEGY FOR DIRECT		Х	721,330.	472,672.	248,658.					
- Total				721,330.	472,672.	248,658.					
3 List all states in which the organization				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
or licensing.	G				·	•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

74-1340341 Page 2 Schedule G (Form 990) 2022 HOUSTON HUMANE SOCIETY Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events COMPANION GOLF(add col. (a) through TOURNAMENT CAMP 4 col. (c)) (event type) (event type) (total number) Revenue 9,047. 124,623. 33,728. 167,398. 1 Gross receipts 2 Less: Contributions 33,728. 124,623. 9,047. 167,398. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 15,359 7,668. 9 Other direct expenses 6,712. 979. 10 Direct expense summary. Add lines 4 through 9 in column (d) 152,039 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

Schedule G (Form 990) 2022

b If "No," explain:

b If "Yes," explain:

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

Scn	edule G (Form 990) 2022 HOUSTON HUMANE SOCIETY 74-	T240241	. Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
			_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
L	, <u> </u>		
_	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	News		
	Name		
	Address		
	Address		
40			
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Billodolii oliikastoi		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u,,	, ,
	· · · · · · · · · · · · · · · · · · ·		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: ALPHA DOG MARKETING		
(I) ADDRESS OF FUNDRAISER: 9060 ANDERMATT DRIVE, LINCOLN, NE 6	8526	
(I	I) ACTIVITY: GRAPHIC DESIGN, PRINTING AND STRATEGY FOR DIRECT	MARKET	ING
<u> </u>	· · · · · · · · · · · · · · · · · · ·		
PΑ	RT I, LINE 2B, COLUMN (V):		
	,, ,, -		
PA	YMENTS TO FUNDRAISER ALSO INCLUDES REIMBURSEMENTS FOR PRINTING	G COSTS	5.
	E PRINTING COSTS ARE NOT BROKEN OUT BETWEEN EXPENSES FOR DESI		

GRAPHICS, ACTUAL PRINTING COSTS OR DIRECT MAIL ADVICE. ONLY REIMBURSEMENTS FOR POSTAGE ARE SEPARATELY STATED.
REIMBURSEMENTS FOR POSTAGE ARE SEPARATELY 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

HOUSTON HUMANE SOCIETY

 $Employer\ identification\ number\\ 74-1340341$

Pa	art I Questions Regarding Compensation	1031		
	and an		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	140
la	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	dia		
•	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,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	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 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			
	organization or a related organization:			х
a	Receive a severance payment or change-of-control payment?	4a		X
		4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2), 501(a)(4), and 501(a)(20) organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3				
_	contingent on the revenues of:	E 0		х
		5a		X
a	Any related organization?	5b		
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		х
	The organization?	6a		X
D	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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
(1) GARY POON	(i)	170,193.	3,000.	0.	31,829.	4,319.	209,341.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONY MALONE	(i)	163,327.	1,000.	0.	9,005.	4,319.	177,651.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide 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

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number Name of the organization HOUSTON HUMANE SOCIETY 74-1340341 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (b) Relationship (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 HOUSTON HUMANE SOCIETY Part IV Business Transactions Involving Interested Persons.

Complete if the	ne organization answere	ed "Yes" on Form 990, Part IV, line 28a, 2	3b, or 28c.		1 () 0	. ,
(a) Name of inter	rested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz rever	aring of zation's nues?
CORBIN COOKE		SON OF FORMER PRESI	13 625	RECEIVED CC	Yes	No X
CYNTHIA RIGON	T DVM	SECRETARY OF THE BO		RECEIVED FE		X
SHERRY FERGUS		BOARD OF DIRECTOR M		CONSULTING		X
Part V Suppleme	ntal Information.					
		sponses to questions on Schedule L (see	instructions).			
SCH L, PART I	V, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:		
(A) NAME OF P	ERSON: CORBI	N COOKE				
(B) RELATIONS	HIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	TION:		
SON OF FORMER	PRESIDENT C	F THE BOARD OF DIREC	TORS OF HOU	JSTON HUMANE	soc	IETY
(C) AMOUNT OF	TRANSACTION	1 \$ 13,625.				
(D) DESCRIPTION	ON OF TRANSA	ACTION:				
RECEIVED COMM	ISSIONS FOR	INSURANCE SALES AND	REFERRALS F	RELATED TO I	HE	
ORGANIZATION'	S PROPERTY,	CASUALTY AND HEALTH	INSURANCE I	POLICIES.		
(E) SHARING O	F ORGANIZATI	ON REVENUES? = NO				
(A) NAME OF P	ERSON: CYNTH	IIA RIGONI, DVM				
(B) RELATIONS	HIP BETWEEN	INTERESTED PERSON AND	O ORGANIZAT	TION:		
SECRETARY OF	THE BOARD OF	DIRECTORS				
(C) AMOUNT OF	TRANSACTION	1 \$ 27,300.				
(D) DESCRIPTION	ON OF TRANSA	ACTION: RECEIVED FEES	FOR VETER	INARIAN SERV	CES	
(E) SHARING O	F ORGANIZATI	ON REVENUES? = NO				
(A) NAME OF P	ERSON: SHERE	RY FERGUSON				
(B) RELATIONS	HIP BETWEEN	INTERESTED PERSON AND	O ORGANIZAT	TION:		

BOARD OF DIRECTOR MEMBER

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization HOUSTON HUMANE SOCIETY Employer identification number 74-1340341

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d		ina	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contrib			s
1	Art - Works of art		items contributed	Tominoso, rait viii, iiic ig				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts MEDICAL	Х	121	2 070 002	ESTIMATED :	EN TD	777	T TTD
25	Other (ANIMAL, MEDICAL)	Λ	121	2,070,002.	ESTIMATED	LAIK	<u> </u>	пов
26 27	Other ()							
27 28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	n the tay year for c	contributions				
23	for which the organization completed Form 828		•					
	To Whom the organization completed Form 52.	50,1 411 1, 2	one on termous				Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rea	oorted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?		·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contribu	ıtions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

OMB No. 1545-0047

2022

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:

THE SHELTER PROVIDES RETAIL SALE OF SUPPLIES FOR THE CARE OF ANIMALS

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

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:

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.

Name of the organization HOUSTON HUMANE SOCIETY	Employer identification number 74-1340341
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 A	T ITS OFFICES
LOCATED AT 14700 ALMEDA ROAD, HOUSTON, TX 77053.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, 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 - 3411 PALM DESERT LN, MISSOURI CITY, TX	77459
JOLIE HOWARD - 1031 W. COTTAGE, HOUSTON, TX 77009	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
COST OF GOODS SOLD - ANIMAL KINGDOM	1,574.
ROUNDING	3.
TOTAL TO FORM 990, PART XI, LINE 9	1,577.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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													
83	1996 V-8 CREW CAB PICK-UP	05/21/96	200DB	5.00	ну1	21,592.				21,592.	19,580.		0.	19,580.
149	TOYOTA FOR CRUELTY RESCUE	10/16/00	200DB	5.00	нү1	19,354.				19,354.	17,459.		0.	17,459.
162	CRUELTY VAN	04/15/02	SL	5.00	1	30,856.				30,856.	30,856.		0.	30,856.
175	TAX ON CRUELTY VAN	02/06/03	SL	5.00	1	1,459.				1,459.	1,459.		0.	1,459.
348	2016 FORD TRANSIT VAN	12/30/15	200DB	5.00	MQ1	25,278.				25,278.	25,278.		0.	25,278.
385	2017 FORD ESCAPE	08/18/17	200DB	5.00	MQ1	20,802.				20,802.	19,333.		1,469.	20,802.
386	2017 FORD F350 TRUCK (USED)	08/18/17	200DB	5.00	MQ1	49,338.				49,338.	45,854.		3,484.	49,338.
412	7' X 18' ADOPTION TRAILER	01/29/19	200DB	7.00	ну1	41,097.				41,097.	23,125.		5,135.	28,260.
413	TRAILER SIGN/WRAP	11/26/19	200DB	7.00	HY1	4,996.				4,996.	2,811.		624.	3,435.
422	RESCUE BOAT & TRAILER	07/20/20	200DB	5.00	MQ1	34,472.				34,472.	16,891.		7,032.	23,923.
428	2021 SUBARU FORESTER 6771	04/27/21	200DB	5.00	MQ1	26,595.				26,595.	6,649.		7,978.	14,627.
429	2022 FORD F450 6695	11/29/21	200DB	5.00	MQ1	74,473.				74,473.	3,724.		28,300.	32,024.
437	2022 CHEVROLET TAHOE	02/15/22	200DB	5.00	HY2	60,994.	.4743			60,994.			11,200.	11,200.
	LESS EXCLUSION					-28,928.				-28,928.			-5,312.	-5,312.
	* 990 PAGE 10 TOTAL - AUTO & TRUCK					382,378.				382,378.	213,019.		59,910.	272,929.
	BUILDINGS & LAND													
19	KENNELS	10/31/90	SL	27.50	MM1	98,570.				98,570.	97,517.		0.	97,517.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	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	MM1	6 12,419.				12,419.	12,419.		0.	12,419.
22	ALL-PHASE	02/28/91	SL	27.50	MM1	1,544.				1,544.	1,544.		0.	1,544.
23	HEATING & WIRING OLD KENNEL	12/31/92	SL	27.50	MM1	6 21,510.				21,510.	21,113.		0.	21,113.
25	SW REMODELING	08/01/86	SL	20.00	1	6 800.				800.	800.		0.	800.
26	CONF COST CK #101	05/31/89	SL	27.50	MM1	6 300.				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	SL	27.50	MM1	6 523.				523.	523.		0.	523.
30	GRAINGER	04/01/91	SL	27.50	MM1	6 517.				517.	517.		0.	517.
31	GULF-TEX	04/24/95	150SL	15.00	нү1	7,800.				7,800.	7,800.		0.	7,800.
33	SEPTIC TANK	08/30/95	SL	39.00	MM1	6 4,817.				4,817.	3,229.		124.	3,353.
34	SEPTIC TANK	10/20/95	SL	39.00	MM1	7,336.				7,336.	4,887.		188.	5,075.
35	SEPTIC TANK	11/16/95	SL	39.00	MM1	6 2,618.				2,618.	1,745.		67.	1,812.
36	SEPTIC TANK	12/19/95	SL	39.00	MM1	5,906.				5,906.	3,931.		151.	4,082.
37	SEPTIC TANK	01/20/96	SL	39.00	MM1	6 3,831.				3,831.	2,544.		98.	2,642.
38	SEPTIC TANK	02/23/96	SL	39.00	MM1	6 2,025.				2,025.	1,343.		52.	1,395.
39	SEPTIC TANK	04/15/96	SL	39.00	MM1	6 1,350.				1,350.	910.		35.	945.
43	SHELTER & OFFICES	01/01/87	SL	20.00	1	6 354,616.				354,616.	354,616.		0.	354,616.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine Una No. Cost	djusted 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	LANDSCAPING	01/01/87	SL	20.00	1	.6	7,822.				7,822.	7,822.		0.	7,822.
45	BUILDING ADDITIONS	07/15/87	SL	27.50	MM1	.6 2!	5,346.				25,346.	25,346.		0.	25,346.
46	JOHNNY NEMEC	03/08/93	SL	27.50	MM1	.6	3,000.				3,000.	2,994.		0.	2,994.
47	ROOF REPLACEMENT	12/31/96	SL	39.00	MM1	.6	6,465.				6,465.	4,472.		166.	4,638.
49	SPAY/NEUTER CLINIC	08/31/89	SL	27.50	MM1	.6 18	8,887.				18,887.	18,808.		0.	18,808.
50	SPAY/NEUTER CLINIC	09/30/89	SL	27.50	MM1	.6 20	6,422.				26,422.	26,422.		0.	26,422.
51	SPAY/NEUTER CLINIC	10/31/89	SL	27.50	MM1	.6 1:	1,756.				11,756.	11,621.		0.	11,621.
52	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	2,219.				2,219.	2,188.		0.	2,188.
54	MILLER & GERISH	02/28/90	SL	27.50	MM1	.6	278.				278.	278.		0.	278.
58	KENNEL ADDITIONS	01/01/93	SL	27.50	MM1	.6 23	3,826.				23,826.	23,826.		0.	23,826.
59	KENNEL ADDITIONS	01/01/93	SL	27.50	MM1	.6 33	3,153.				33,153.	33,153.		0.	33,153.
60	1ST NATIONAL BANK	01/01/93	SL	27.50	MM1	.6	496.				496.	496.		0.	496.
61	ALL PHASE	01/31/91	SL	27.50	MM1	.6	724.				724.	667.		0.	667.
62	ALL PHASE	02/28/91	SL	27.50	MM1	.6	298.				298.	282.		0.	282.
63	ALL PHASE	03/31/91	SL	27.50	MM1	.6	2,338.				2,338.	2,193.		0.	2,193.
64	TRIPLE S ASPHALT	07/31/91	SL	27.50	MM1	.6	3,357.				3,357.	3,177.		0.	3,177.
65	WINCO	08/31/91	SL	27.50	MM1	.6 22	2,200.				22,200.	21,017.		0.	21,017.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o Lir n v	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
66	JOHNNY NEMIC	10/31/91	SL	27.50	MM16	1,765.				1,765.	1,667.		0.	1,667.
67	ROBERT COREALE BUILDERS	11/07/91	SL	27.50	MM16	1,177.				1,177.	1,119.		0.	1,119.
68	JOHNNY NEMIC	11/22/91	SL	27.50	MM16	4,910.				4,910.	4,660.		0.	4,660.
69	CHRISTINA STONE TRUST	12/12/91	SL	27.50	MM16	11,000.				11,000.	10,417.		0.	10,417.
70	KENNEL ADDITIONS	09/30/91	SL	27.50	MM16	44,085.				44,085.	41,745.		0.	41,745.
71	HOUSTON TRASH & REFUSE	08/24/92	SL	27.50	MM16	1,400.				1,400.	1,379.		0.	1,379.
72	KENNEL ADDITIONS	09/30/92	SL	27.50	MM16	22,375.				22,375.	22,010.		0.	22,010.
73	KENNEL ADDITIONS	12/31/92	SL	27.50	MM16	58,228.				58,228.	57,209.		0.	57,209.
74	JOHNNY NEMEC	01/07/93	SL	27.50	MM16	1,074.				1,074.	1,074.		0.	1,074.
76	JOHNNY NEMEC	04/14/93	SL	27.50	MM16	6,810.				6,810.	6,810.		0.	6,810.
80	SEPTIC SYSTEM	11/30/89	200DB	7.00	ну16	9,500.				9,500.	9,500.		0.	9,500.
156	WIRING & CABLE FOR COMPUTERS	08/10/00	SL	39.00	MM16	3,665.				3,665.	2,013.		94.	2,107.
163	NEW CLINIC BUILDING	10/24/02	SL	39.00	MM16	551,731.				551,731.	271,151.		14,147.	285,298.
164	SEPTIC SYSTEM	08/31/02	SL	39.00	MM16	28,194.				28,194.	13,978.		723.	14,701.
176	NEW CLINIC	04/06/03	SL	39.00	MM16	1,000.				1,000.	487.		26.	513.
177	FOUNDATION FOR BUILDING	01/01/04	SL	39.00	MM16	12,736.				12,736.	5,886.		327.	6,213.
188	METAL BUILDING	06/24/04	SL	39.00	MM16	77,544.				77,544.	34,790.		1,988.	36,778.
189	STEEL FOR BARN	07/29/04	SL	39.00	MM16	50,348.				50,348.	22,485.		1,291.	23,776.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
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	MM	16	4,000.				4,000.	1,768.		103.	1,871.
192	ENVIRONMENTAL TEST FOR ADOPTIVE CENTER	11/30/04	SL	39.00	MM	16	1,800.				1,800.	786.		46.	832.
194	METAL BUILDING	01/01/06	SL	39.00	MM	16	132,961.				132,961.	54,544.		3,409.	57,953.
195	NEW ADOPTION CENTER	01/01/06	SL	39.00	MM	16	260,216.				260,216.	106,752.		6,672.	113,424.
201	NEW ADOPTION CENTER	07/01/06	SL	39.00	MM	16	519,224.				519,224.	206,352.		13,313.	219,665.
202	NEW ADOPTION CENTER - CONTRACT	07/01/06	SL	39.00	MM	16	37,800.				37,800.	15,020.		969.	15,989.
212	CONSTRUCTION IN PROGRESS NEW ADOPTION CENTER	09/15/08	SL	39.00	MM	16	1,695,406.				1,695,406.	579,627.		43,472.	623,099.
222	NEW ADOPTION CENTER	09/15/08	SL	39.00	MM	16	555,940.				555,940.	190,065.		14,255.	204,320.
223	SIGN SYSTEM	09/15/08	SL	7.00		16	29,975.				29,975.	29,975.		0.	29,975.
224	FENCE	06/30/08	SL	7.00		16	3,352.				3,352.	3,352.		0.	3,352.
225	SIGNS	04/25/08	SL	7.00		16	2,240.				2,240.	2,240.		0.	2,240.
230	SIGN	03/31/08	SL	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	SL	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	SL	7.00		16	4,996.				4,996.	4,996.		0.	4,996.
257	NEW ADOPTION CENTER	08/03/09	SL	39.00	MM	16	510,994.				510,994.	162,683.		13,102.	175,785.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
259	SIGN	12/16/09	SL	7.00	1	L6	459.				459.	459.		0.	459.
273	BUILDING RENOVATIONS	11/17/10	SL	39.00	MM1	L6	81,940.				81,940.	23,279.		2,101.	25,380.
290	BUILDING ADDITIONS	12/31/10	SL	39.00	MM1	L6	26,000.				26,000.	7,337.		667.	8,004.
292	COMPOSITE MARBLE WALLS FOR CAT ADOPTION ROOM	02/23/11	SL	39.00	MM1	L6	6,452.				6,452.	1,788.		165.	1,953.
293	FUTURE ANIMAL HOSPITAL	05/20/11	SL	39.00	MM1	L6	16,000.				16,000.	4,339.		410.	4,749.
294	DOG KENNEL IMPROVEMENTS	07/18/11	SL	39.00	MM1	L6	8,756.				8,756.	2,344.		225.	2,569.
295	FENCE	07/03/11	SL	7.00	1	L6	4,944.				4,944.	4,944.		0.	4,944.
296	BUILDING IMPROVEMENTS - ELECTRICAL WORK	07/28/11	SL	39.00	MM1	L6	4,000.				4,000.	1,073.		103.	1,176.
297	CAGES	08/15/11	SL	7.00	1	L6	8,960.				8,960.	8,960.		0.	8,960.
298	GATES	10/19/11	SL	7.00	1	L6	3,675.				3,675.	3,675.		0.	3,675.
299	BERNIE'S BACKYARD	10/31/11	SL	39.00	мм1	L6	41,527.				41,527.	10,827.		1,065.	11,892.
300	5 GATES	11/01/11	SL	7.00	1	L6	2,970.				2,970.	2,970.		0.	2,970.
301	FENCE	11/11/11	SL	7.00	1	L6	2,750.				2,750.	2,750.		0.	2,750.
302	FENCE	11/16/11	SL	7.00	1	L6	1,226.				1,226.	1,226.		0.	1,226.
303	ROOF REPLACEMENT - ANIMAL INTAKE	11/29/11	SL	39.00	MM1	L6	6,195.				6,195.	1,603.		159.	1,762.
308	CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00	MM1	L 6	52,314.				52,314.	13,410.		1,341.	14,751.
309	CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00	MM1	L6	10,376.				10,376.	3,574.		266.	3,840.
325	STEEL GATES	09/06/13	200DB	7.00	нү1	L7	4,420.			2,210.	2,210.	2,210.		0.	2,210.

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Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unadjusted o. 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	MM1	5,950.				5,950.	1,237.		153.	1,390.
336	BUILDING AUDIT AJE	01/01/13	SL	39.00	MM1	35,636.				35,636.	8,226.		914.	9,140.
337	ARCHITECTURE FEES FOR NEW BUILDING	12/15/16	SL	39.00	MM1	68,944.				68,944.	8,987.		1,768.	10,755.
338	ARCHITECTURE FEES NEW BUILDING	12/15/16	SL	39.00	MM1	49,333.				49,333.	6,430.		1,265.	7,695.
339	ELECTRIC FURNACE, EVAPORATORS & CONDENSERS	10/22/14	SL	39.00	MM1	11,230.				11,230.	2,064.		288.	2,352.
349	NEW 7.5 TON RUDD AIR HANDLER	03/06/15	SL	39.00	MM1	10,750.				10,750.	1,874.		276.	2,150.
350	SEPTIC UPGRADE	03/06/15	SL	39.00	MM1	3,800.				3,800.	659.		97.	756.
351	REPAIR RISERS & INSTALL NEW CABLE TO 2 BUILDINGS	08/17/15	SL	39.00	MM1	12,860.				12,860.	2,104.		330.	2,434.
352	SET OF DOUBLE SWING GATES WITH ARCH	09/10/15	200DB	7.00	MQ1	1,650.				1,650.	1,559.		91.	1,650.
363	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	67,329.				67,329.	8,774.		1,726.	10,500.
364	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	79,446.				79,446.	10,355.		2,037.	12,392.
365	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	134,780.				134,780.	17,568.		3,456.	21,024.
366	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	5 117,315.				117,315.	15,291.		3,008.	18,299.
367	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	5 101,183.				101,183.	13,186.		2,594.	15,780.
369	FENCE	06/30/16	200DB	7.00	MQ1	3,900.				3,900.	3,424.		346.	3,770.
370	FENCE	11/30/16	200DB	7.00	MQ1	12,712.				12,712.	10,631.		1,110.	11,741.
371	2 BARREL GATES	03/31/16	200DB	7.00	MQ1	3,250.				3,250.	2,930.		284.	3,214.
381	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM1	5 1,216,547.				1,216,547.	158,569.		31,194.	189,763.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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	GAZEBO, PARKING LOT/DRIVEWAY	09/01/16	SL	39.00	MM1	6 186,956.				186,956.	25,569.		4,794.	30,363.
388	GAZEBO, PARKING LOT/DRIVEWAY	03/10/17	SL	39.00	MM1	6 15,019.				15,019.	1,861.		385.	2,246.
397	MATERIALS FOR KENNELS (MCCOYS)	02/28/18	200DB	7.00	MQ1	7 24,486.				24,486.	17,794.		2,141.	19,935.
398	GATE INSTALLATION (RV FENCE)	04/09/18	200DB	7.00	MQ1	7 11,940.				11,940.	8,366.		1,059.	9,425.
399	KENNEL POD MODULAR BUILDING	06/13/18	150DB	15.00	MQ1	7 39,300.				39,300.	12,440.		2,686.	15,126.
409	CONCRETE PATIO	11/15/18	SL	39.00	MM1	9,004.				9,004.	731.		231.	962.
411	ADOPTION CENTER NEW ROOF	04/23/18	SL	39.00	MM1	6 24,213.				24,213.	2,277.		621.	2,898.
432	REPAIRS TO WELL	02/26/21	SL	39.00	MM1	7 5,099.				5,099.	114.		131.	245.
433	LEVEL OFF DRIVEWAY	05/26/21	150DB	15.00	MQ1	7 6,850.				6,850.	428.		642.	1,070.
434	INSTALLATION OF NEW INSULATION & CEILING TILES	09/08/21	SL	39.00	MM1	7 4,500.				4,500.	34.		115.	149.
435	KENNEL FENCING	11/16/21	150DB	15.00	MQ1	7 50,298.				50,298.	629.		4,967.	5,596.
451	COLOR LED SIGN	02/08/22	200DB	7.00	нү1	9C 85,996.				85,996.			12,285.	12,285.
453	REMOVE CEMENT & REPLACE GAS LINE	10/12/22	150DB	15.00	нү1	9E 5,200.				5,200.			260.	260.
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND					8,288,526.			2,210.	8,286,316.	3,246,372.		202,574.	3,448,946.
20	LAND	10/31/90	L			24,643.				24,643.			0.	
32	LAND	03/31/95	L			34,400.				34,400.			0.	
200	LAND	12/13/06	L			52,709.				52,709.			0.	
324	LAND	11/02/12	L			3,578,386.				3,578,386.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine 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
362	LAND	05/22/15	L				151,649.				151,649.			0.	
430	14810 FELD DRIVE - LAND	01/15/21	L				140,532.				140,532.			0.	
431	14810 FELD DRIVE - CLEAR LAND	11/09/22	L		П	Τ	12,500.				12,500.			0.	
454	CLEARED LAND AT 14810 FELD	11/09/22	L				12,500.				12,500.			0.	
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND					4	,007,319.				4,007,319.	0.		0.	0.
	CONSTRUCTION IN PROGRESS														
455	CONSTRUCTION IN PROGRESS	01/01/23	L				26,400.				26,400.			0.	
	* 990 PAGE 10 TOTAL - CONSTRUCTION IN PROGRESS						26,400.				26,400.	0.		0.	0.
	FUNITURE & FIXTURES														
48	COASTS GRAPHICS & SIGNS	09/05/97	150DB	15.00	MQ1	.7	10,100.				10,100.	9,928.		0.	9,928.
75	FOSTER FENCE	02/09/93	SL	10.00	1	.6	3,800.				3,800.	2,799.		0.	2,799.
96	CAGES	03/15/81	SL	5.00	HY1	.6	3,192.				3,192.	3,192.		0.	3,192.
97	CAGES	03/15/84	SL	5.00	нү1	.6	752.				752.	752.		0.	752.
98	CAGES	04/15/82	SL	5.00	ну1	.6	2,532.				2,532.	2,532.		0.	2,532.
99	CAGES	10/31/88	200DB	7.00	ну1	.6	3,024.				3,024.	3,024.		0.	3,024.
100	CAGES	01/31/90	200DB	7.00	HY1	.6	9,690.				9,690.	9,690.		0.	9,690.
104	OUTDOOR FENCING	04/15/82	SL	5.00	ну1	.6	2,053.				2,053.	2,053.		0.	2,053.
105	ASTRO FENCING	01/15/87	150DB	15.00	HY1	.6	1,034.				1,034.	959.		0.	959.

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106	OUTDOOR FENCING	06/15/87	150DB	15.00	нү16	1,228.				1,228.	1,023.		0.	1,023.
107	THE WEEKS CO	01/31/90	150DB	15.00	нү16	14,962.				14,962.	12,499.		0.	12,499.
108	HOUSTON FENCE	04/21/94	150DB	15.00	нү16	4,692.				4,692.	3,706.		0.	3,706.
109	AMERICAN FENCE	03/13/97	150DB	15.00	нү16	3,587.				3,587.	2,821.		0.	2,821.
110	AMERICAN FENCE	07/09/97	150DB	15.00	нү16	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	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	08/09/00	SL	7.00	16	1,940.				1,940.	1,940.		0.	1,940.
151	GE CORPORATE PLUS	08/29/00	SL	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	TREE OF LIFE	09/30/02	SL	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	SL	5.00	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	09/08/05	SL	7.00	16	3,950.				3,950.	3,950.		0.	3,950.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine 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
203	TENTS	03/17/06	SL	7.00	1	.6	2,408.				2,408.	2,408.		0.	2,408.
204	FENCE	03/17/06	SL	7.00	1	.6	10,276.				10,276.	10,276.		0.	10,276.
205	2 BENCHES	06/27/06	SL	7.00	1	.6	3,193.				3,193.	3,193.		0.	3,193.
221	MISCELLANEOUS ASSET	07/01/07	SL	7.00	1	.6	1,646.				1,646.	1,646.		0.	1,646.
226	OFFICE FURNITURE	02/05/08	SL	7.00	1	.6	2,791.				2,791.	2,791.		0.	2,791.
227	OFFICE FURNITURE	02/11/08	SL	7.00	1	.6	1,359.				1,359.	1,359.		0.	1,359.
228	WATER FOUNTIAN	02/28/08	SL	7.00	1	.6	749.				749.	749.		0.	749.
229	OFFICE FURNITURE	03/04/08	SL	7.00	1	.6	3,842.				3,842.	3,842.		0.	3,842.
231	OFFICE FURNITURE	05/22/08	SL	7.00	1	.6	946.				946.	946.		0.	946.
232	CAGES	05/22/08	SL	7.00	1	.6	1,969.				1,969.	1,969.		0.	1,969.
233	BENCH	08/20/08	SL	7.00	1	.6	5,750.				5,750.	5,750.		0.	5,750.
234	OFFICE FURNITURE	09/30/08	SL	7.00	1	.6	1,641.				1,641.	1,641.		0.	1,641.
236	OFFICE FURNITURE	10/28/08	SL	7.00	1	.6	2,147.				2,147.	2,147.		0.	2,147.
237	CONTAINER	11/13/08	SL	7.00	1	.6	3,350.				3,350.	3,350.		0.	3,350.
238	CAGES	12/24/08	SL	7.00	1	.6	2,127.				2,127.	2,127.		0.	2,127.
260	CAGES	02/11/09	SL	7.00	1	.6	4,340.				4,340.	4,340.		0.	4,340.
261	BENCH	02/28/09	SL	7.00	1	.6	2,240.				2,240.	2,240.		0.	2,240.
262	FURNITURE	03/19/09	SL	7.00	1	.6	958.				958.	958.		0.	958.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No. C	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
263	PICTURE FRAMING	04/29/09	SL	7.00	1	L6	655.				655.	655.		0.	655.
264	FURNITURE	06/18/09	SL	7.00	1	16	2,200.				2,200.	2,200.		0.	2,200.
265	CABINET	12/16/09	SL	7.00	1	16	2,640.				2,640.	2,640.		0.	2,640.
274	DOG AND CAT BEDS	03/26/10	SL	7.00	1	L6	2,608.				2,608.	2,608.		0.	2,608.
275	RECEPTION DESK	12/22/10	SL	7.00	1	L6	1,862.				1,862.	1,862.		0.	1,862.
311	12 EXECUTIVE CHAIRS	09/12/12	200DB	7.00	нү1	L7	1,560.			780.	780.	780.		0.	780.
327	VERSA SHOWER PET TUB	05/14/13	200DB	7.00	нү1	L7	3,930.			1,965.	1,965.	1,965.		0.	1,965.
328	BLUE LINE PENINSULA EXAM TABLE	05/15/13	200DB	7.00	HY1	L7	2,503.			1,252.	1,251.	1,251.		0.	1,251.
329	VERSA SHOWER DOG TUB	05/15/13	200DB	7.00	нү1	L7	3,942.			1,971.	1,971.	1,971.		0.	1,971.
340	OVERHEAD DOOR	05/07/14	SL	39.00	MM1	L6	2,130.				2,130.	421.		55.	476.
353	SURGICAL TABLE 60" V-TOP ELECTRICOLUMN HEATED TOP	03/13/15	200DB	7.00	MQ1	L7	3,596.				3,596.	3,557.		39.	3,596.
354	CUSTOM KAT PALY AROUND	10/22/15	200DB	7.00	MQ1	L7	16,719.				16,719.	15,442.		1,277.	16,719.
372	BENCHES & WASTE STATIONS	11/30/16	200DB	7.00	MQ1	L7	3,164.				3,164.	2,646.		276.	2,922.
389	SHOR-LINE KENNELS	12/31/17	200DB	7.00	MQ1	L7	14,237.				14,237.	10,663.		1,243.	11,906.
416	ADJUSTABLE ALL TERRAIN STAGE SYSTEM	05/17/19	200DB	7.00	нү1	L7	6,650.				6,650.	3,742.		831.	4,573.
	* 990 PAGE 10 TOTAL - FUNITURE & FIXTURES						222,935.			5,968.	216,967.	200,644.		3,721.	204,365.
	MACHINERY & EQUIPMENT									,	,	,			,
24	KENNEL A/C	08/27/97	200DB	7.00	MQ1	L7	3,750.				3,750.	3,463.		0.	3,463.

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Asset No.	Description	Date Acquired	Method	Life	C o n 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	SL	5.00	нү16	1,285.				1,285.	1,285.		0.	1,285.
41	PORTABLE BUILDING	06/30/87	SL	5.00	нү16	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	ну16	1,859.				1,859.	1,423.		0.	1,423.
56	SURGERY LIGHTS	12/31/91	200DB	7.00	ну16	2,425.				2,425.	1,856.		0.	1,856.
57	HENRY SCHEIM	12/31/92	200DB	7.00	ну16	6,841.				6,841.	3,799.		0.	3,799.
77	KENNEL A/C	08/27/97	SL	7.00	MQ16	3,750.				3,750.	3,750.		0.	3,750.
78	KENNEL A/C	09/09/97	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	7.00	ну16	526.				526.	526.		0.	526.
87	OFF EQUIP PURCH @ SAMS	10/31/90	200DB	7.00	ну16	421.				421.	421.		0.	421.
88	TELEPHONE EQUIPMENT	10/31/90	200DB	7.00	ну16	993.				993.	993.		0.	993.
89	SUBURBAN SURGICAL	05/30/91	200DB	7.00	ну16	1,083.				1,083.	1,083.		0.	1,083.
90	EQUIPMENT	08/31/91	200DB	7.00	ну16	6,397.				6,397.	6,397.		0.	6,397.
92	OFFICE DEPOT	02/21/95	200DB	7.00	ну16	810.				810.	749.		0.	749.
93	VENDING MACHINE	06/05/97	200DB	7.00	MQ17	2,295.				2,295.	2,004.		0.	2,004.
111	INCINERATOR	10/01/86	SL	5.00	ну16	25,436.				25,436.	25,436.		0.	25,436.
112	EQUIPMENT	12/31/90	200DB	7.00	нү16	1,325.				1,325.	1,325.		0.	1,325.

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Asset No.	Description	Date Acquired	Method	Life	C o n 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
113	TX INFRA RED	02/03/92	200DB	7.00	нү16	558.				558.	558.		0.	558.
114	JOSE ALVEDA	05/11/92	200DB	7.00	ну16	650.				650.	650.		0.	650.
115	AUTOCLAVE	10/31/92	200DB	7.00	ну16	2,728.				2,728.	2,728.		0.	2,728.
116	NIKON INVESTMENT GROUP	02/01/93	200DB	7.00	ну16	1,091.				1,091.	1,046.		0.	1,046.
117	INCINERATOR FLOOR	12/31/92	200DB	7.00	ну16	1,225.				1,225.	1,154.		0.	1,154.
119	DEVOE & REYNOLDS	01/25/95	200DB	7.00	ну16	1,000.				1,000.	924.		0.	924.
120	LANSDOWN-MOODY	04/07/95	200DB	7.00	ну16	6,542.				6,542.	6,041.		0.	6,041.
121	LANSDOWN-MOODY	05/17/95	200DB	7.00	ну16	6,640.				6,640.	6,131.		0.	6,131.
122	LANSDOWN-MOODY	06/20/95	200DB	7.00	ну16	6,640.				6,640.	6,048.		0.	6,048.
123	NELLCOR	03/28/96	200DB	7.00	ну16	4,146.				4,146.	3,785.		0.	3,785.
138	TIME CLOCK	03/03/98	SL	7.00	16	895.				895.	895.		0.	895.
142	MOWER	05/24/99	SL	7.00	16	3,264.				3,264.	3,264.		0.	3,264.
143	MOWER	06/28/99	SL	7.00	16	989.				989.	989.		0.	989.
144	MOWER	09/30/99	SL	7.00	16	900.				900.	900.		0.	900.
147	WASHER	02/28/99	SL	7.00	16	999.				999.	999.		0.	999.
152	EQUIPMENT - ASTELCO	10/11/00	SL	7.00	16	5,900.				5,900.	5,900.		0.	5,900.
155	SCALE FOR CLINIC	12/01/00	SL	7.00	16	986.				986.	986.		0.	986.
158	NEW EQUIPMENT	03/31/01	SL	7.00	16	1,181.				1,181.	1,181.		0.	1,181.

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine 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
159	NEW EQUIPMENT	07/31/01	SL	7.00	1	.6	4,132.				4,132.	4,132.		0.	4,132.
168	WASHER & DRYER	07/18/02	SL	7.00	1	.6	6,155.				6,155.	6,155.		0.	6,155.
169	SURGERY TABLES	08/21/02	SL	7.00	1	.6	5,206.				5,206.	5,206.		0.	5,206.
170	EXAM TABLES	10/18/02	SL	7.00	1	.6	3,116.				3,116.	3,116.		0.	3,116.
180	X-RAY MACHINE FOR CLINIC	03/28/03	SL	5.00	1	.6	2,250.				2,250.	2,250.		0.	2,250.
181	ENGRAVING MACHINE	11/20/03	SL	5.00	1	.6	3,060.				3,060.	3,060.		0.	3,060.
206	HEAVY EQUIP. SWEEPER, SKID STEER & 2 ATV'S	01/31/06	SL	7.00	1	.6	39,592.				39,592.	39,592.		0.	39,592.
207	BANNER	03/29/06	SL	7.00	1	.6	1,840.				1,840.	1,840.		0.	1,840.
208	GEAR REPAIR	08/15/06	SL	7.00	1	.6	2,200.				2,200.	2,200.		0.	2,200.
209	3 PRESSURE WASHERS	09/21/06	SL	7.00	1	.6	5,535.				5,535.	5,535.		0.	5,535.
213	CONSTRUCTION IN PROGRESS AUDIO VISUAL SYSTEM	12/31/08	SL	39.00	MM1	.6	29,662.				29,662.	9,893.		761.	10,654.
216	ANESTHESIA MACHINE	03/31/07	SL	7.00	1	.6	1,850.				1,850.	1,850.		0.	1,850.
217	REFRIGERATOR	04/18/07	SL	7.00	1	.6	2,300.				2,300.	2,300.		0.	2,300.
218	KUBOTA RTV900W6-H W/CANOPY	08/15/07	SL	7.00	1	.6	10,572.				10,572.	10,572.		0.	10,572.
219	FREEZER	09/11/07	SL	7.00	1	.6	3,100.				3,100.	3,100.		0.	3,100.
220	FENCE	01/14/07	SL	7.00	1	.6	16,532.				16,532.	16,532.		0.	16,532.
239	TV'S	01/24/08	SL	7.00	1	.6	7,713.				7,713.	7,713.		0.	7,713.
240	HOT WATER SYSTEM	01/24/08	SL	7.00	1	.6	5,420.				5,420.	5,420.		0.	5,420.

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine 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
241	TV'S	03/04/08	SL	7.00	1	.6	1,200.				1,200.	1,200.		0.	1,200.
242	EXAM TABLE	03/17/08	SL	7.00	1	.6	1,000.				1,000.	1,000.		0.	1,000.
243	A/C	04/23/08	SL	7.00	1	.6	4,700.				4,700.	4,700.		0.	4,700.
244	GENERATOR	09/11/08	SL	7.00	1	.6	19,500.				19,500.	19,500.		0.	19,500.
245	AV SYSTEM	09/30/08	SL	7.00	1	.6	15,365.				15,365.	15,365.		0.	15,365.
246	AV SYSTEM	11/18/08	SL	7.00	1	.6	14,712.				14,712.	14,712.		0.	14,712.
247	HOT WATER PRESSURE	11/23/08	SL	7.00	1	.6	10,525.				10,525.	10,525.		0.	10,525.
266	AIR CONDITIONING	05/27/09	SL	7.00	1	.6	3,600.				3,600.	3,600.		0.	3,600.
267	AIR CONDITIONING	06/30/09	SL	7.00	1	.6	2,240.				2,240.	2,240.		0.	2,240.
268	AIR CONDITIONING	11/09/09	SL	7.00	1	.6	6,494.				6,494.	6,494.		0.	6,494.
269	AIR CONDITIONING	11/23/09	SL	7.00	1	.6	3,745.				3,745.	3,745.		0.	3,745.
276	SECURITY CAMERAS	02/09/10	SL	7.00	1	.6	1,244.				1,244.	1,244.		0.	1,244.
277	VET XRAY FILM SYSTEM	03/23/10	SL	7.00	1	.6	18,258.				18,258.	18,258.		0.	18,258.
278	IDEXX-DR 1417	03/23/10	SL	7.00	1	.6	68,070.				68,070.	68,070.		0.	68,070.
279	J568VSQ VIDEO ENDOSCOPE 8MM	04/28/10	SL	7.00	1	.6	18,900.				18,900.	18,900.		0.	18,900.
280	HI-E DRY 195 DEHUMIDIFIER	05/28/10	SL	7.00	1	.6	2,993.				2,993.	2,993.		0.	2,993.
281	KAIVAC 17GAL CLEANING SYSTEM	06/30/10	SL	7.00	1	.6	2,707.				2,707.	2,707.		0.	2,707.
282	KAIVAC 17GAL CLEANING SYSTEM	06/30/10	SL	7.00	1	.6	2,860.				2,860.	2,860.		0.	2,860.

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Asset No.	Description	Date Acquired	Method	Life	Conv		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	SL	7.00	1	.6	3,908.				3,908.	3,908.		0.	3,908.
284	EAGLE 24" SMART VAC VACUUM	10/10/10	SL	7.00	1	.6	1,889.				1,889.	1,889.		0.	1,889.
288	WATER HEATER	12/31/10	SL	7.00	1	.6	1,106.				1,106.	1,106.		0.	1,106.
289	DEHUMIDIFIER	12/31/10	SL	7.00	1	.6	3,027.				3,027.	3,024.		0.	3,024.
304	SURGIVET UNIVERSAL CDS9000 WITH FLOWMETER POLE	03/15/11	SL	7.00	1	.6	2,083.				2,083.	2,083.		0.	2,083.
305	INSTALL GILLS & BALANCING DAMPERS	04/21/11	SL	7.00	1	.6	2,400.				2,400.	2,400.		0.	2,400.
306	INSTALL 3 SUPPLY GILLS & DAMPERS	05/31/11	SL	7.00	1	.6	3,500.				3,500.	3,500.		0.	3,500.
	FIT FUR LIFE PROFESSIONAL TREADMILL	11/16/11	SL	7.00	1	.6	3,354.				3,354.	3,354.		0.	3,354.
312	CARDELL MONITOR	01/26/12	200DB	7.00	нү1	.7	3,595.			1,798.	1,797.	1,797.		0.	1,797.
313	INJET LABLE PRINTER - COLOR	02/09/12	200DB	5.00	нү1	.7	1,129.			565.	564.	564.		0.	564.
314	SS3 20" PAD DRIVE AUTO SCRUB	04/11/12	200DB	7.00	нү1	.7	5,777.			2,889.	2,888.	2,888.		0.	2,888.
315	REBUILT SCOUT 24 SWEEPER	06/12/12	200DB	7.00	нү1	.7	1,050.			525.	525.	525.		0.	525.
316	CD 800 PRINTER	07/18/12	200DB	5.00	нү1	.7	2,243.			1,122.	1,121.	1,121.		0.	1,121.
317	DELL COMPUTER	07/18/12	200DB	5.00	нү1	.7	2,785.			1,393.	1,392.	1,392.		0.	1,392.
318	LIGHT CENTURION 2 CELL	08/20/12	200DB	7.00	нү1	.7	4,362.			2,181.	2,181.	2,181.		0.	2,181.
319	LIGHT CENTURION 2 CELL	09/28/12	200DB	7.00	нү1	.7	3,385.			1,693.	1,692.	1,692.		0.	1,692.
320	HOTSY 1075SSE	11/06/12	200DB	7.00	нү1	.7	6,195.			3,098.	3,097.	3,097.		0.	3,097.
323	AUTOCLAVE ULTRACLAVE	04/25/12	200DB	7.00	ну1	.7	4,951.			2,476.	2,475.	2,475.		0.	2,475.

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Asset No.	Description	Date Acquired	Method	Life	C o n 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	HY17	3,139.			1,570.	1,569.	1,569.		0.	1,569.
331	SONIC WALL	02/26/13	200DB	5.00	HY17	1,759.			880.	879.	879.		0.	879.
332	7.5 TON R22 AIR CONDENSER FOR SURGICAL AREA	06/14/13	200DB	7.00	HY17	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	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	11/17/14	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.	2,868.		32.	2,900.
356	SHARP 65" LED SMART HDTV	07/15/15	200DB	7.00	MQ17	2,054.				2,054.	1,940.		114.	2,054.
357	CUDAEYE FALCON DOME CAMERA 32 GB	07/17/15	200DB	7.00	MQ17	2,650.				2,650.	2,503.		147.	2,650.
358	3 AIR OASIS	08/19/15	200DB	7.00	MQ17	2,272.				2,272.	2,146.		126.	2,272.
373	FURNACE FOR SURGICAL AREA	04/18/16	200DB	7.00	MQ17	2,750.				2,750.	2,414.		244.	2,658.
374	2 MOWERS	07/11/16	200DB	7.00	MQ17	15,640.				15,640.	13,390.		1,385.	14,775.
375	SOUND SYSTEM	12/30/16	200DB	7.00	MQ17	5,688.				5,688.	4,757.		497.	5,254.
376	AUTOCLAVE	12/31/16	200DB	7.00	MQ17	6,145.				6,145.	5,139.		537.	5,676.
382	CATTLE TRAILERS	10/28/16	200DB	7.00	MQ17	12,712.				12,712.	10,631.		1,110.	11,741.
383	HORSE STALLS	09/26/16	200DB	7.00	MQ17	9,923.				9,923.	8,495.		879.	9,374.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n 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
390	BECKER SLING PACKAGE	01/11/17	200DB	7.00	MQ17	2,686.				2,686.	2,187.		235.	2,422.
391	REFRIDGERATOR	01/11/17	200DB	7.00	MQ17	1,408.				1,408.	1,146.		123.	1,269.
392	WASHER & DRYER	01/11/17	200DB	7.00	MQ17	1,522.				1,522.	1,239.		133.	1,372.
393	REPLACE EXHAUST STACK ON INCINERATOR FURNACE	03/31/17	200DB	7.00	MQ17	14,438.				14,438.	11,755.		1,263.	13,018.
394	COMPUTER BOARD & COMPRESSOR FOR MAROON KENNEL	11/16/17	200DB	7.00	MQ17	4,299.				4,299.	3,220.		375.	3,595.
395	S51235 KUBOTA	12/28/17	200DB	7.00	MQ17	17,475.				17,475.	13,089.		1,526.	14,615.
396	вн 77 васкное	12/28/17	200DB	7.00	MQ17	8,668.				8,668.	6,492.		757.	7,249.
400	AIR CONDITIONER FOR GREEN KENNEL	01/03/18	200DB	7.00	MQ17	5,200.				5,200.	3,779.		455.	4,234.
401	AUTOCLAVE 15X27 MANUAL 3870M	01/31/18	200DB	7.00	MQ17	12,532.				12,532.	9,106.		1,096.	10,202.
402	LIGHT GALAXY SPRING ARM SINGLE 4-POD & WALL MOUNT	05/31/18	200DB	7.00	MQ17	7,237.				7,237.	5,071.		642.	5,713.
403	T-950 EXPRESS, 60 LB OPL WASHER	05/31/18	200DB	7.00	MQ17	8,300.				8,300.	5,815.		736.	6,551.
404	5 TON GUARDIAN R 4017C UNIT	07/25/18	200DB	7.00	MQ17	3,600.				3,600.	2,429.		335.	2,764.
405	PIEZO P6 LED ULTRASONIC SCALER	11/30/18	200DB	7.00	MQ17	6,295.				6,295.	4,083.		632.	4,715.
406	300kw generac gaseous generator	10/12/18	200DB	7.00	MQ17	234,632.				234,632.	152,178.		23,558.	175,736.
407	3 ANALYZERS AND INSTRUMENTS	03/16/18	200DB	7.00	MQ17	78,389.				78,389.	56,963.		6,856.	63,819.
414	KUBOTA UTILITY VEHICLE S/N27924	01/30/19	200DB	7.00	HY17	15,077.				15,077.	8,483.		1,884.	10,367.
	SCAG MOWER SC272V-31FX	01/30/19	200DB	7.00	НҮ17	10,255.				10,255.	5,770.		1,281.	7,051.
417	A/C FOR CAT KENNEL	08/26/19	200DB	7.00	НҮ17	13,850.				13,850.	7,794.		1,730.	9,524.

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Asset No.	Description	Date Acquired	Method	Life	C o n 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
418	5 TON R307C GUARDIAN CONDENSER	09/16/19	200DB	7.00	HY17	2,850.				2,850.	1,604.		356.	1,960.
421	DR 50 SYSTEM	06/30/19	200DB	7.00	ну17	39,637.				39,637.	22,303.		4,953.	27,256.
423	PILOTER ULTRASOUND & TROLLEY	04/30/20	200DB	7.00	MQ17	18,500.				18,500.	7,646.		3,101.	10,747.
424	HELI FORK LIFT MODEL SERIAL #1701803002T	08/31/20	200DB	7.00	MQ17	25,526.				25,526.	9,247.		4,651.	13,898.
425	GUARDIAN 4 TON 407C CONDENSOR UNIT	05/12/20	200DB	7.00	MQ17	3,250.				3,250.	1,343.		545.	1,888.
426	A/C FOR ADOPTION BUILDING	10/29/20	200DB	7.00	MQ17	97,164.				97,164.	30,240.		19,121.	49,361.
427	RESCUE BOAT	09/01/20	200DB	5.00	MQ17	5,000.				5,000.	2,450.		1,020.	3,470.
438	BLADES & BATTERY FOR CT15	01/26/22	200DB	7.00	нү190	4,784.				4,784.			683.	683.
439	NETWORK EVENT RECORDER	05/26/22	200DB	7.00	нү190	7,990.				7,990.			1,141.	1,141.
440	5 TON CARRIER SYSTEM	06/28/22	200DB	7.00	нү190	8,980.				8,980.			1,283.	1,283.
441	10 TON AIR HANDLER	07/25/22	200DB	7.00	нү190	10,080.				10,080.			1,440.	1,440.
442	TWRC VENTILATOR 3002PRO-DJ&T	09/01/22	200DB	7.00	нү190	4,871.				4,871.			696.	696.
443	TWRC ANES MACHINE VMS-DJ&T	09/01/22	200DB	7.00	нү190	2,565.				2,565.			366.	366.
444	TWRC SCANX DUO W/LAP TIGERVIEW	09/01/22	200DB	7.00	нү190	7,809.				7,809.			1,116.	1,116.
445	TWRC ABAXIS VETSCAN CHEMISTRY ANALYZER	09/01/22	200DB	7.00	нү190	2,670.				2,670.			381.	381.
446	TWRC BIOX XRAY HANDHELD DENTAL	09/01/22	200DB	7.00	нү190	3,864.				3,864.			552.	552.
447	TWRC AUTOCLAVE ULTRACLAVE M11	09/01/22	200DB	7.00	НҮ190	3,361.				3,361.			480.	480.
448	PATTERSON AUTOCLAVE 15X27 MANUAL 3870M	09/30/22	200DB	7.00	НҮ190	17,470.				17,470.			2,496.	2,496.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
							Excl				Depreciation	Expense		Depreciation
449	TORRES A/C & HEATING	12/15/22	200DB	7.00	HY19	13,799.				13,799.			1,971.	1,971.
450	1/2 PMT ON WN0950XB WASHER	01/01/23	200DB	7.00	нү19	7,368.				7,368.			0.	
452	5 TON CONDENSER & AIR HANDLER	09/30/22	200DB	7.00	HY190	9,700.				9,700.			1,386.	1,386.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT					1,361,036.			35,396.	1,325,640.	922,477.		97,187.	1,019,664.
	ALARM SYSTEM													
94	ALARM SYSTEM	12/31/90	200DB	7.00	нү16	4,180.				4,180.	4,180.		0.	4,180.
95	ROLLINS	12/12/94	200DB	7.00	нү16	1,096.				1,096.	1,096.		0.	1,096.
214	SECURITY SYSTEM	10/29/07	SL	39.00	MM16	45,266.				45,266.	16,447.		1,161.	17,608.
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	SL	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.
285	SECURITY SYSTEM EQUIPMENT	07/29/10	SL	7.00	16	1,730.				1,730.	1,730.		0.	1,730.
286	HYBRID DIGITAL EVENT RECORDER TOWER	08/26/10	SL	7.00	16	2,520.				2,520.	2,520.		0.	2,520.
345	FIRE ALARM SYSTEM	09/10/14	200DB	7.00	MQ17	2,663.			1,332.	1,331.	1,331.		0.	1,331.
359	SIGMAX SECURITY SYSTEM	11/18/15	200DB	7.00	MQ17	19,743.				19,743.	18,235.		1,508.	19,743.
377	SECURITY SYSTEM	08/31/16	200DB	7.00	MQ17	1,320.				1,320.	1,131.		116.	1,247.
378	SECURITY SYSTEM	06/24/16	200DB	7.00	MQ17	3,100.				3,100.	2,722.		275.	2,997.
379	SECURITY SYSTEM	09/27/16	200DB	7.00	MQ17	6,093.				6,093.	5,216.		540.	5,756.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
380	SECURITY SYSTEM	12/15/16	200DB	7.00	MQ17	3,280.				3,280.	2,743.		286.	3,029.
436	FIRE ALARM SYSTEM	08/19/21	200DB	7.00	MQ17	5,260.				5,260.	564.		1,342.	1,906.
	* 990 PAGE 10 TOTAL - ALARM SYSTEM					126,575.			1,332.	125,243.	88,236.		5,228.	93,464.
	TELECOM SYSTEM													
101	TELECOM SYSTEM	12/31/90	200DB	7.00	нү16	5,407.				5,407.	5,407.		0.	5,407.
102	PROSTAR	12/19/95	200DB	7.00	ну16	3,470.				3,470.	3,204.		0.	3,204.
103	NORTHERN COMMUNICATIONS	11/17/97	200DB	7.00	MQ17	15,979.				15,979.	15,814.		0.	15,814.
193	PHONE SYSTEM	08/09/04	SL	7.00	16	7,210.				7,210.	7,210.		0.	7,210.
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													
86	COMPUTERIZED EQUIPMENT	04/30/90	200DB	5.00	ну16	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	09/15/00	SL	5.00	16	2,421.				2,421.	2,421.		0.	2,421.
171	COMPUTER	06/30/02	SL	5.00	16	1,600.				1,600.	1,600.		0.	1,600.
172	COMPUTERS FOR AKB	07/10/02	SL	5.00	16	1,796.				1,796.	1,796.		0.	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.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
183	LAPTOP	09/24/03	SL	5.00	1	16	1,578.				1,578.	1,578.		0.	1,578.
197	DELL COMPUTERS	07/21/05	SL	5.00	1	16	7,869.				7,869.	7,869.		0.	7,869.
198	DELL COMPUTER	07/26/05	SL	5.00	1	16	2,709.				2,709.	2,709.		0.	2,709.
199	DELL COMPUTER	08/25/05	SL	5.00	1	16	2,254.				2,254.	2,254.		0.	2,254.
210	5 COMPUTERS	03/17/06	SL	5.00	1	16	5,418.				5,418.	5,418.		0.	5,418.
215	CONSTRUCTION IN PROGRESS - COMPUTER CABLING	12/31/08	SL	39.00	MM1	16	10,000.				10,000.	3,328.		256.	3,584.
251	COMPUTERS	03/04/08	SL	5.00	1	16	8,292.				8,292.	8,292.		0.	8,292.
252	COMPUTER	03/26/08	SL	5.00	1	16	684.				684.	684.		0.	684.
253	COMPUTERS	08/20/08	SL	5.00	1	16	3,305.				3,305.	3,305.		0.	3,305.
287	DELL COMPUTER	08/26/10	SL	5.00	1	16	2,290.				2,290.	2,290.		0.	2,290.
321	SENTINEL NAS SERVER	11/30/12	200DB	5.00	HY1	17	1,000.			500.	500.	500.		0.	500.
322	4 DELL COMPUTERS	11/30/12	200DB	5.00	нүл	17	1,710.			855.	855.	855.		0.	855.
333	DELL COMPUTER	03/10/13	200DB	5.00	нүл	17	1,734.			867.	867.	867.		0.	867.
334	DELL COMPUTER	03/26/13	200DB	5.00	ну1	17	1,948.			974.	974.	974.		0.	974.
335	BARRACUDA BACKUP 390	03/10/13	200DB	5.00	ну1	17	3,372.			1,686.	1,686.	1,686.		0.	1,686.
360	SERVER - RICOH ENGINEERED IT SOLUTION	03/19/15	200DB	7.00	MQ1	17	4,100.				4,100.	4,055.		45.	4,100.
419	COMPUTERS	02/05/19	200DB	5.00	ну	17	14,161.				14,161.	10,083.		1,631.	11,714.
420	COMPUTERS	02/22/19	200DB	5.00	нүл	L7	13,608.				13,608.	9,689.		1,568.	11,257.

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Asset No.	Description	Date Acquired	Method	Life	C o Lin	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
	* 990 PAGE 10 TOTAL - COMPUTER HARDWARE					122,473.			4,882.	117,591.	102,877.		3,500.	106,377.
	COMPUTER SOFTWARE													
126	RICHMOND IMAGING ASSOC	12/03/91		60M	НУ43	1,200.				1,200.	1,200.		0.	1,200.
127	ADVANCED SYSTEM GROUP	06/30/93		60 M	НУ43	10,825.				10,825.	10,825.		0.	10,825.
128	SOFTWARE	05/21/96	SL	7.00	16	7,180.				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.				999.	999.		0.	999.
174	RETAIL PRO SOFTWARE	06/30/02		36 M	ну43	3,900.				3,900.	3,900.		0.	3,900.
184	WEBSITE DESIGN	02/28/03		60M	НУ43	8,385.				8,385.	8,385.		0.	8,385.
185	WEBSITE DESIGN	12/31/03		60 M	НУ43	5,625.				5,625.	5,625.		0.	5,625.
211	MAS 90 SOFTWARE	12/31/06	197	60 M	НУ43	7,240.				7,240.	7,240.		0.	7,240.
271	WEBSITE DESIGN	05/12/09		60M	ну43	4,000.				4,000.	4,000.		0.	4,000.
361	DIGITAL FUNCTION - WEBSITE DESIGN	08/31/15	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.		0.	57,948.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					14640926.			49,788.	14591138.	1,876,478.		372,120.	5,248,598.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					14360953.			49,788.	14311165.	1,876,478.			5,216,174.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	ACQUISITIONS						275,133.			0.	275,133.	0.			37,736.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						14636086.			49,788.	14586298.	1,876,478.			5,253,910.
	ENDING ACCUM DEPR											5,298,386.			
	ENDING BOOK VALUE											9,337,700.			