

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**Open to Public  
Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2020 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**HOUSTON HUMANE SOCIETY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**14700 ALMEDA ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**HOUSTON, TX 77053****F** Name and address of principal officer: **GARY POON****D** Employer identification number**74-1340341****E** Telephone number**713-433-6421****G** Gross receipts \$ **19,273,803.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions


**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HOUSTONHUMANE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1958** **M** State of legal domicile: **TX****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE CARE, ADOPTION, EDUCATION, AND/OR PREVENTION OF CRUELTY TO ANIMALS</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	88
	6	Total number of volunteers (estimate if necessary)	6	365
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	845,513.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,810,670.	Current Year 4,649,809.
	9	Program service revenue (Part VIII, line 2g)	3,738,393.	3,222,621.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194,637.	248,180.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,165.	720,530.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,859,865.	8,841,140.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,782,234.	3,007,280.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	174,380.	239,190.
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>584,278.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,268,914.	3,830,177.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,225,528.	7,076,647.
19	Revenue less expenses. Subtract line 18 from line 12	634,337.	1,764,493.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 23,164,241.	End of Year 25,447,834.
	21	Total liabilities (Part X, line 26)	196,702.	270,784.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,967,539.	25,177,050.

**Part II Signature Block**

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

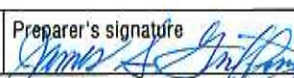
**Sign Here**

Signature of officer:  Date: **11/9/2021**

**GARY POON, EXECUTIVE DIRECTOR**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **JAMES S. GRIFFING** Preparer's signature:  Date: **11/9/2021** Check ☐ if self-employed PTIN: **P00475060**

Firm's name: **GRIFFING & COMPANY, P.C.** Firm's EIN: **76-0233695**

Firm's address: **ONE SUGAR CREEK/CTR BLVD, STE 650 SUGAR LAND, TX 77478** Phone no.: **281-491-8866**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

HOUSTON HUMANE SOCIETY, THROUGH LEADERSHIP, EDUCATION AND ACTION, 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 ☒ No

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

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

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

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

**4a** (Code: ) (Expenses \$ 3,377,627. including grants of \$ ) (Revenue \$ 2,861,825.)  
 THE ANIMAL CLINIC PROVIDES LOW COST MEDICAL CARE TO ANIMALS, INCLUDING VACINATIONS, SPAY/NEUTER SERVICES AND HEART WORM PREVENTION.

**4b** (Code: ) (Expenses \$ 2,660,772. including grants of \$ ) (Revenue \$ 360,796.)  
 THE SHELTER PROVIDES SHELTER, ANIMAL CARE AND FOOD TO HOMELESS ANIMALS. THE SHELTER ALSO OFFERS LOW COST ADOPTION OF THESE ANIMALS.

**4c** (Code: ) (Expenses \$ 293,048. including grants of \$ ) (Revenue \$ )  
 WITH THE HELP OF FULL-TIME STAFF HIRED AS CRUELTY INVESTIGATORS, HHS IS ABLE TO RESCUE ANIMALS FROM ABUSIVE SITUATIONS, ENFORCE ANIMAL PROTECTION LAWS THROUGH THE CIVIL COURT SYSTEM, PROSECUTE ABUSERS BY FILING CRIMINAL CHARGES, AND EXECUTE OUTSTANDING CRIMINAL WARRANTS ALONG WITH ANIMAL CRUELTY WARRANTS.

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

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

**4e** Total program service expenses 6,331,447.

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



**Part IV Checklist of Required Schedules (continued)**

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	88
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 6		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TX**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☐ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**HOUSTON HUMANE SOCIETY - 713-433-6421**  
**14700 ALMEDA ROAD, HOUSTON, TX 77053**







**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,649,809			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f		4,649,809			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2 a	SERVICE FEES		541900	3,222,621	3,222,621	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	<b>Total.</b> Add lines 2a-2f			3,222,621			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)			256,940	256,940	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real (ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			-8,760	-8,760	
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		131,431		
	b	Less: direct expenses	8b		8,234		
	c	Net income or (loss) from fundraising events			123,197		123,197
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a		25,009			
b	Less: cost of goods sold	10b		2,471			
c	Net income or (loss) from sales of inventory			22,538		22,538	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
	11 a	PPP LOAN FORGIVEN		900099	554,530	554,530	
	b	OTHER INCOME		900099	20,265	20,265	
	c						
	d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d			574,795			
12	<b>Total revenue.</b> See instructions			8,841,140	3,222,621	845,513	123,197

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,099.	146,394.	1,541.	6,164.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,559,184.	2,425,318.	27,546.	106,320.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	293,997.	281,645.	2,530.	9,822.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	76,574.	58,587.	11,486.	6,501.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	239,190.			239,190.
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	51,655.	51,433.		222.
13 Office expenses	17,166.	13,688.		3,478.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,784.	3,588.	718.	478.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	347,495.	289,995.	35,938.	21,562.
23 Insurance	359,338.	269,505.	53,900.	35,933.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COST OF GOODS SOLD</b>	1,990,039.	1,990,039.		
b <b>CONTRACTED SERVICES</b>	239,131.	206,676.		32,455.
c <b>GENERAL EDUCATION &amp; PUB</b>	148,023.	148,023.		
d <b>BANK CHARGES</b>	128,659.	103,327.	19,299.	6,033.
e All other expenses	467,313.	343,229.	7,964.	116,120.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,076,647.	6,331,447.	160,922.	584,278.
26 <b>Joint costs.</b> 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)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,060,556.	2	2,406,972.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	929.
	9 Prepaid expenses and deferred charges	15,332.	9	13,732.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,047,347.		
	b Less: accumulated depreciation	10b 4,567,223.	10c 9,480,124.	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	11,444,648.	12	13,546,077.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	23,164,241.	16	25,447,834.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	159,609.	17	184,214.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,093.	25	86,570.
	26 <b>Total liabilities.</b> Add lines 17 through 25	196,702.	26	270,784.
	<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		20,113,958.	27	22,488,379.
28 Net assets with donor restrictions		2,853,581.	28	2,688,671.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 <b>Total net assets or fund balances</b>		22,967,539.	32	25,177,050.
33 <b>Total liabilities and net assets/fund balances</b>		23,164,241.	33	25,447,834.

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,841,140.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,076,647.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,764,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,967,539.
5	Net unrealized gains (losses) on investments	5	442,546.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,177,050.

**Part XII Financial Statements and Reporting**

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

☐

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

Form 990 (2020)

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OME No. 1545,0047

2020

**Open to Public  
Inspection**

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

<b>Part I Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.	
--	--

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

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

f Enter the number of supported organizations

g. Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1938387.	9108333.	1935755.	2810670.	4649809.	20442954.
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	3386452.	3079827.	3459861.	3738393.	3222621.	16887154.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5324839.	12188160.	5395616.	6549063.	7872430.	37330108.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						37330108.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	5324839.	12188160.	5395616.	6549063.	7872430.	37330108.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80,262.	110,604.	136,973.	259,448.	256,940.	844,227.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	80,262.	110,604.	136,973.	259,448.	256,940.	844,227.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-35,928.					-35,928.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	5369173.	12298764.	5532589.	6808511.	8129370.	38138407.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	97.88 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.20 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	2.21 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.99 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b> <input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b> <input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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.	
<b>b</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.	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020



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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**HOUSTON HUMANE SOCIETY**

Employer identification number

**74-1340341**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	838,163.	838,163.	838,163.	838,163.	838,163.
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	838,163.	838,163.	838,163.	838,163.	838,163.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		3,841,787.		3,841,787.
b Buildings		8,130,583.	3,061,942.	5,068,641.
c Leasehold improvements				
d Equipment		1,255,725.	844,765.	410,960.
e Other		819,252.	660,516.	158,736.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,480,124.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY SECURITIES	3,103,571.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME TAXABLE BOND		
(C) FUNDS	926,678.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT	5,926,854.	END-OF-YEAR MARKET VALUE
(E) US TREASURY NOTES	3,588,974.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,546,077.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Federal income taxes	
(2) ACCRUED PAYROLL	78,385.
(3) PAYROLL TAXES PAYABLE	8,029.
(4) SALES TAX PAYABLE	156.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	86,570.

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,286,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	442,546.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,471.
e	Add lines 2a through 2d	2e	445,017.
3	Subtract line 2e from line 1	3	8,841,140.
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, line 12.)	5	8,841,140.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	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.)	2d	
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 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

IN 2009, THE ORGANIZATION IMPLEMENTED THE PROVISIONS OF ASC TOPIC 740-10, INCOME TAXES WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION CONCLUDED THERE WERE NO UNCERTAIN TAX POSITIONS THAT RESULT IN MATERIAL UNRECOGNIZED TAX BENEFITS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD - ANIMAL KINGDOM 2,471.

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**HOUSTON HUMANE SOCIETY**

Employer identification number

**74-1340341**

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

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

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

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, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALPHA DOG MARKETING - 9060 ANDERMATT DRIVE, LINCOLN, NE	GRAPHIC DESIGN, PRINTING AND STRATEGY FOR DIRECT		X	806,551.	442,729.	363,822.
<b>Total</b>				806,551.	442,729.	363,822.

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

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

		(a) Event #1 COMPANION CAMP (event type)	(b) Event #2 NO GALA (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	36,754.	53,115.	41,562.	131,431.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	36,754.	53,115.	41,562.	131,431.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	6,321.	1,913.	0.	8,234.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				8,234.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				123,197.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
     
 ☐ Employee
     
 ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: ALPHA DOG MARKETING

(I) ADDRESS OF FUNDRAISER: 9060 ANDERMATT DRIVE, LINCOLN, NE 68526

(II) ACTIVITY: GRAPHIC DESIGN, PRINTING AND STRATEGY FOR DIRECT MARKETING

**PART I, LINE 2B, COLUMN (V):**

PAYMENTS TO FUNDRAISER ALSO INCLUDES REIMBURSEMENTS FOR PRINTING COSTS.  
THE PRINTING COSTS ARE NOT BROKEN OUT BETWEEN EXPENSES FOR DESIGN,

**Part IV** Supplemental Information (continued)

GRAPHICS, ACTUAL PRINTING COSTS OR DIRECT MAIL ADVICE. ONLY

REIMBURSEMENTS FOR POSTAGE ARE SEPARATELY STATED.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**HOUSTON HUMANE SOCIETY**

Employer identification number

**74-1340341**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in or receive payment from a supplemental nonqualified retirement plan?

**c** Participate in or receive payment from an equity-based compensation arrangement?

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(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

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:

**a** The organization?

**b** Any related organization?

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 not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X



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 J (Form 990) 2020

**SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**HOUSTON HUMANE SOCIETY**

Employer identification number

**74-1340341**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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 ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CORBIN COOKE	SON OF THE PRESIDEN	13,528.	RECEIVED CO		X
CYNTHIA RIGONI, DVM	SECRETARY OF THE BO	16,500.	RECEIVED FE		X
SHERRY FERGUSON	BOARD OF DIRECTOR M	72,000.	CONSULTING		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: CORBIN COOKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF THE PRESIDENT OF THE BOARD OF DIRECTORS OF HOUSTON HUMANE SOCIETY

(C) AMOUNT OF TRANSACTION \$ 13,528.

(D) DESCRIPTION OF TRANSACTION:

RECEIVED COMMISSIONS FOR INSURANCE SALES AND REFERRALS RELATED TO THE ORGANIZATION'S PROPERTY, CASUALTY AND HEALTH INSURANCE POLICIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CYNTHIA RIGONI, DVM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SECRETARY OF THE BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 16,500.

(D) DESCRIPTION OF TRANSACTION: RECEIVED FEES FOR VETERINARIAN SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SHERRY FERGUSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OF DIRECTOR MEMBER

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 72,000.

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES ARE PROVIDED BY A  
CONSULTING FIRM OWNED BY SHERRY FERGUSON

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 AT ITS OFFICES  
LOCATED AT 14700 ALMEDA ROAD, HOUSTON, TX 77053.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

CONNIE COOKE - 18213 CEDAR SAGE CT, LAGO VISTA, TX 78645

BEVERLY BRANNAN - 1606 NEVADA ST, HOUSTON, TX 77006

CYNTHIA A.K. RIGONI - 15407 JUPITER DR, HOUSTON, TX 77053

JOLIE HOWARD - 1031 W. COTTAGE, HOUSTON, TX 77009

SHERRY FERGUSON - 3411 PALM DESERT LN, MISSOURI CITY, TX 77459

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

COST OF GOODS SOLD - ANIMAL KINGDOM 2,471.

ROUNDING 1.

TOTAL TO FORM 990, PART XI, LINE 9 2,472.

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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
	AUTO & TRUCK														
83	1996 V-8 CREW CAB PICK-UP	05/21/96	200DB	5.00		HY16	21,592.				21,592.	19,580.		0.	19,580.
149	TOYOTA FOR CRUELTY RESCUE	10/16/00	200DB	5.00		HY16	19,354.				19,354.	17,459.		0.	17,459.
162	CRUELTY VAN	04/15/02	SL	5.00		16	30,856.				30,856.	30,856.		0.	30,856.
175	TAX ON CRUELTY VAN	02/06/03	SL	5.00		16	1,459.				1,459.	1,459.		0.	1,459.
348	2016 FORD TRANSIT VAN	12/30/15	200DB	5.00		MQ17	25,278.				25,278.	22,857.		2,421.	25,278.
385	2017 FORD ESCAPE	08/18/17	200DB	5.00		MQ17	20,802.				20,802.	14,437.		2,546.	16,983.
386	2017 FORD F350 TRUCK (USED)	08/18/17	200DB	5.00		MQ17	49,338.				49,338.	34,241.		6,039.	40,280.
412	7' X 18' ADOPTION TRAILER	01/29/19	200DB	7.00		HY17	41,097.				41,097.	5,871.		10,065.	15,936.
413	TRAILER SIGN/WRAP	11/26/19	200DB	7.00		HY17	4,996.				4,996.	714.		1,223.	1,937.
422	RESCUE BOAT & TRAILER	07/20/20	200DB	5.00		MQ19B	34,472.				34,472.			5,171.	5,171.
	* 990 PAGE 10 TOTAL - AUTO & TRUCK						249,244.				249,244.	147,474.		27,465.	174,939.
	BUILDINGS & LAND														
	CONSTRUCTION IN PROGRESS														
19	KENNELS	10/31/90	SL	27.50		MM16	98,570.				98,570.	97,517.		0.	97,517.
21	RECLASS LEGAL FEES	12/31/90	SL	27.50		MM16	12,419.				12,419.	12,419.		0.	12,419.
22	ALL-PHASE	02/28/91	SL	27.50		MM16	1,544.				1,544.	1,544.		0.	1,544.
23	HEATING & WIRING OLD KENNEL	12/31/92	SL	27.50		MM16	21,510.				21,510.	21,113.		0.	21,113.

926191 04-01-20

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	C or S	Line No.	Unadjusted Cost Or Basis	Basis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	SW REMODELING	08/01/86	SL	20.00		16	800.				800.	800.		0.	800.
26	CONF COST CK #101	05/31/89	SL	27.50		MM16	300.				300.	300.		0.	300.
27	CONTEXT BUILDERS CK #18742	07/31/89	SL	27.50		MM16	525.				525.	525.		0.	525.
28	HARRY D LANE ASSOC	08/31/89	SL	27.50		MM16	1,607.				1,607.	1,591.		0.	1,591.
29	QUALITY EQUIPMENT CO	03/31/91	SL	27.50		MM16	523.				523.	523.		0.	523.
30	GRAINGER	04/01/91	SL	27.50		MM16	517.				517.	517.		0.	517.
31	GULF-TEX	04/24/95	150SL	15.00		HY16	7,800.				7,800.	7,800.		0.	7,800.
33	SEPTIC TANK	08/30/95	SL	39.00		MM16	4,817.				4,817.	2,981.		124.	3,105.
34	SEPTIC TANK	10/20/95	SL	39.00		MM16	7,336.				7,336.	4,511.		108.	4,699.
35	SEPTIC TANK	11/16/95	SL	39.00		MM16	2,618.				2,618.	1,611.		67.	1,678.
36	SEPTIC TANK	12/19/95	SL	39.00		MM16	5,906.				5,906.	3,629.		151.	3,780.
37	SEPTIC TANK	01/20/96	SL	39.00		MM16	3,831.				3,831.	2,348.		98.	2,446.
38	SEPTIC TANK	02/23/96	SL	39.00		MM16	2,025.				2,025.	1,239.		52.	1,291.
39	SEPTIC TANK	04/15/96	SL	39.00		MM16	1,350.				1,350.	840.		35.	875.
43	SHELTER & OFFICES	01/01/87	SL	20.00		16	354,616.				354,616.	354,616.		0.	354,616.
44	LANDSCAPING	01/01/87	SL	20.00		16	7,822.				7,822.	7,822.		0.	7,822.
45	BUILDING ADDITIONS	07/15/87	SL	27.50		MM16	25,346.				25,346.	25,346.		0.	25,346.
46	JOHNNY NEMEC	03/08/93	SL	27.50		MM16	3,000.				3,000.	2,921.		73.	2,994.

328111 04-01-20

(D) - Asset disposed

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

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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
47	ROOF REPLACEMENT	12/31/96	SL	39.00	MM16		6,465.				6,465.	4,140.		166.	4,306.
49	SPAY/NEUTER CLINIC	08/31/89	SL	27.50	MM16		18,887.				18,887.	18,808.		0.	18,808.
50	SPAY/NEUTER CLINIC	09/30/89	SL	27.50	MM16		26,422.				26,422.	26,422.		0.	26,422.
51	SPAY/NEUTER CLINIC	10/31/89	SL	27.50	MM16		11,756.				11,756.	11,621.		0.	11,621.
52	SPAY/NEUTER CLINIC	11/30/89	SL	27.50	MM16		7,391.				7,391.	7,295.		0.	7,295.
53	SPAY/NEUTER CLINIC	12/31/89	SL	27.50	MM16		2,219.				2,219.	2,188.		0.	2,188.
54	MILLER & GERISH	02/28/90	SL	27.50	MM16		278.				278.	278.		0.	278.
58	KENNEL ADDITIONS	01/01/93	SL	27.50	MM16		23,826.				23,826.	23,420.		406.	23,826.
59	KENNEL ADDITIONS	01/01/93	SL	27.50	MM16		33,153.				33,153.	32,611.		542.	33,153.
60	1ST NATIONAL BANK	01/01/93	SL	27.50	MM16		496.				496.	487.		9.	496.
61	ALL PHASE	01/31/91	SL	27.50	MM16		724.				724.	667.		0.	667.
62	ALL PHASE	02/28/91	SL	27.50	MM16		298.				298.	282.		0.	282.
63	ALL PHASE	03/31/91	SL	27.50	MM16		2,338.				2,338.	2,193.		0.	2,193.
64	TRIPLE S ASPHALT	07/31/91	SL	27.50	MM16		3,357.				3,357.	3,177.		0.	3,177.
65	WINCO	08/31/91	SL	27.50	MM16		22,200.				22,200.	21,017.		0.	21,017.
66	JOHNNY NEMIC	10/31/91	SL	27.50	MM16		1,765.				1,765.	1,667.		0.	1,667.
67	ROBERT CORRALE 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.

028111 04-01-20

(D) - Asset disposed

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

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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
69	CHRISTINA STONE TRUST	12/12/91	SL	27.50	MM16	MM16	11,000.				11,000.	10,417.		0.	10,417.
70	KENNEL ADDITIONS	09/30/91	SL	27.50	MM16	MM16	44,085.				44,085.	41,745.		0.	41,745.
71	HOUSTON TRASH & REFUSE	08/24/92	SL	27.50	MM16	MM16	1,400.				1,400.	1,379.		0.	1,379.
72	KENNEL ADDITIONS	09/30/92	SL	27.50	MM16	MM16	22,375.				22,375.	22,010.		0.	22,010.
73	KENNEL ADDITIONS	12/31/92	SL	27.50	MM16	MM16	58,228.				58,228.	57,209.		0.	57,209.
74	JOHNNY NEMEC	01/07/93	SL	27.50	MM16	MM16	1,074.				1,074.	1,052.		22.	1,074.
76	JOHNNY NEMEC	04/14/93	SL	27.50	MM16	MM16	6,810.				6,810.	6,622.		188.	6,810.
80	SEPTIC SYSTEM	11/30/89	200DH	7.00	HY16	HY16	9,500.				9,500.	9,500.		0.	9,500.
156	WIRING & CABLE FOR COMPUTERS	08/10/00	SL	39.00	MM16	MM16	3,665.				3,665.	1,825.		94.	1,919.
163	NEW CLINIC BUILDING	10/24/02	SL	39.00	MM16	MM16	551,731.				551,731.	242,857.		14,147.	257,004.
164	SEPTIC SYSTEM	08/31/92	SL	39.00	MM16	MM16	28,194.				28,194.	12,532.		723.	13,255.
176	NEW CLINIC	04/06/03	SL	39.00	MM16	MM16	1,000.				1,000.	435.		26.	461.
177	FOUNDATION FOR BUILDING	01/01/04	SL	39.00	MM16	MM16	12,736.				12,736.	5,232.		327.	5,559.
188	METAL BUILDING	06/24/04	SL	39.00	MM16	MM16	77,544.				77,544.	30,814.		1,988.	32,802.
189	STEEL FOR BARN	07/29/04	SL	39.00	MM16	MM16	50,348.				50,348.	19,903.		1,291.	21,194.
190	PARKING LOT	09/30/04	SL	7.00	16	16	221,946.				221,946.	221,946.		0.	221,946.
191	APPRAISAL FOR NEW ADOPTIVE CENTER	10/31/04	SL	39.00	MM16	MM16	4,000.				4,000.	1,562.		103.	1,665.
192	ENVIRONMENTAL TEST FOR ADOPTIVE CENTER	11/30/04	SL	39.00	MM16	MM16	1,800.				1,800.	694.		46.	740.

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(D) - Asset disposed

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194	METAL BUILDING	01/01/06	SL	39.00	MM16	132,961.				132,961.	47,726.		3,409.	51,135.
195	NEW ADOPTION CENTER	01/01/06	SL	39.00	MM16	260,216.				260,216.	93,408.		6,672.	100,080.
201	NEW ADOPTION CENTER	07/01/06	SL	39.00	MM16	519,224.				519,224.	179,726.		13,313.	193,039.
202	NEW ADOPTION CENTER - CONTRACT	07/01/06	SL	39.00	MM16	37,800.				37,800.	13,082.		969.	14,051.
212	CONSTRUCTION IN PROGRESS NEW ADOPTION CENTER	09/15/08	SL	39.00	MM16	1,695,406.				1,695,406.	492,683.		43,472.	536,155.
222	NEW ADOPTION CENTER	09/15/08	SL	39.00	MM16	555,940.				555,940.	161,555.		14,255.	175,810.
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	MM16	510,994.				510,994.	136,479.		13,102.	149,581.
259	SIGN	12/16/09	SL	7.00	16	459.				459.	459.		0.	459.
273	BUILDING RENOVATIONS	11/17/10	SL	39.00	MM16	81,940.				81,940.	19,077.		2,101.	21,178.
290	BUILDING ADDITIONS	12/31/10	SL	39.00	MM16	26,000.				26,000.	6,003.		667.	6,670.

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292	COMPOSITE MARBLE WALLS FOR CAT ADOPTION ROOM	02/23/12	SL	39.00		MM16	6,452.				6,452.	1,458.		165.	1,623.
293	FUTURE ANIMAL HOSPITAL	05/20/11	SL	39.00		MM16	16,000.				16,000.	3,519.		410.	3,929.
294	DOG KENNEL IMPROVEMENTS	07/18/11	SL	39.00		MM16	8,756.				8,756.	1,894.		235.	2,119.
295	FENCE	07/03/11	SL	7.00		16	4,944.				4,944.	4,944.		0.	4,944.
296	BUILDING IMPROVEMENTS - ELECTRICAL WORK	07/28/11	SL	39.00		MM16	4,000.				4,000.	867.		103.	970.
297	CAGES	08/15/11	SL	7.00		16	8,960.				8,960.	8,960.		0.	8,960.
298	GATES	10/19/11	SL	7.00		16	3,675.				3,675.	3,675.		0.	3,675.
299	HERNIE'S BACKYARD	10/31/11	SL	39.00		MM16	41,527.				41,527.	8,697.		1,065.	9,762.
300	5 GATES	11/01/11	SL	7.00		16	2,970.				2,970.	2,970.		0.	2,970.
301	FENCE	11/11/11	SL	7.00		16	2,750.				2,750.	2,750.		0.	2,750.
302	FENCE	11/16/11	SL	7.00		16	1,226.				1,226.	1,226.		0.	1,226.
303	ROOF REPLACEMENT - ANIMAL INTAKE	11/29/11	SL	39.00		MM16	6,195.				6,195.	1,285.		159.	1,444.
308	CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00		MM16	52,314.				52,314.	10,728.		1,341.	12,069.
309	CONSTRUCTION IN PROGRESS	12/31/11	SL	39.00		MM16	10,376.				10,376.	3,042.		266.	3,308.
325	STEEL GATES	09/06/13	200DB	7.00		HY17	4,420.			2,210.	2,210.	2,111.		99.	2,210.
326	SURVEY OF LAND	12/12/13	SL	39.00		MM16	5,950.				5,950.	931.		153.	1,084.
336	BUILDING AUDIT A/E	01/01/13	SL	39.00		MM16	35,636.				35,636.	6,398.		914.	7,312.
337	ARCHITECTURE FEES FOR NEW BUILDING	12/15/16	SL	39.00		MM16	68,944.				68,944.	5,451.		1,768.	7,219.

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338	ARCHITECTURE FEES NEW BUILDING	12/15/16	SL	39.00	MM16	MM16	49,333.				49,333.	3,900.		1,265.	5,165.
339	ELECTRIC FURNACE, EVAPORATORS & CONDENSERS	10/22/14	SL	39.00	MM16	MM16	11,230.				11,230.	1,488.		288.	1,776.
349	NEW 7.5 TON RUDD AIR HANDLER	03/06/15	SL	39.00	MM17	MM17	10,750.				10,750.	1,322.		276.	1,598.
350	SEPTIC UPGRADE	03/06/15	SL	39.00	MM17	MM17	3,800.				3,800.	465.		97.	562.
351	REPAIR RISERS & INSTALL NEW CABLE TO 2 BUILDINGS	08/17/15	SL	39.00	MM17	MM17	12,860.				12,860.	1,444.		330.	1,774.
352	SET OF DOUBLE SWING GATES WITH ARCH	09/10/15	200DH	7.00	MM17	MM17	1,650.				1,650.	1,267.		146.	1,413.
363	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	67,329.				67,329.	5,322.		1,726.	7,048.
364	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	79,446.				79,446.	6,281.		2,037.	8,318.
365	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	134,780.				134,780.	10,656.		3,456.	14,112.
366	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	117,315.				117,315.	9,275.		3,008.	12,283.
367	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	101,183.				101,183.	7,998.		2,594.	10,592.
369	FENCE	06/30/16	200DH	7.00	MM17	MM17	3,900.				3,900.	2,732.		346.	3,078.
370	FENCE	11/30/16	200DH	7.00	MM17	MM17	12,712.				12,712.	8,245.		1,276.	9,521.
371	2 BARREL GATES	03/31/16	200DH	7.00	MM17	MM17	3,250.				3,250.	2,361.		284.	2,645.
381	GAZEBO, PARKING LOT/DRIVEWAY	12/15/16	SL	39.00	MM16	MM16	1,216,547.				1,216,547.	96,181.		31,194.	127,375.
384	GAZEBO, PARKING LOT/DRIVEWAY	09/01/16	SL	39.00	MM16	MM16	186,956.				186,956.	15,981.		4,794.	20,775.
388	GAZEBO, PARKING LOT/DRIVEWAY	03/10/17	SL	39.00	MM16	MM16	15,019.				15,019.	1,091.		385.	1,476.
397	MATERIALS FOR KENNELS (MCCOYS)	02/28/18	200DH	7.00	MM17	MM17	24,486.				24,486.	11,369.		3,748.	15,117.

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398	GATE INSTALLATION (RV FENCE)	04/09/18	200DB	7.00	MC17	11,940.				11,940.	4,934.		2,002.	6,936.
399	KENNEL POD MODULAR BUILDING	06/13/18	150DB	15.00	MC17	39,300.				39,300.	6,140.		3,316.	9,456.
409	CONCRETE PATIO	11/15/18	SL	39.00	MM16	9,004.				9,004.	269.		231.	500.
411	ADOPTION CENTER NEW ROOF	04/23/18	SL	39.00	MM16	24,213.				24,213.	1,035.		621.	1,656.
	* 990 PAGE 10 TOTAL -													
	CONSTRUCTION IN PROGRESS					8,130,583.			2,210.	8,128,373.	2,870,818.		188,914.	3,059,732.
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.	
362	LAND	05/22/15	L			151,649.				151,649.			0.	
	* 990 PAGE 10 TOTAL -													
	CONSTRUCTION IN PROGRESS					3,841,787.				3,841,787.	0.		0.	0.
	FURNITURE & FIXTURES													
48	COASTS GRAPHICS & SIGNS	09/05/97	150DB	15.00	MC17	10,100.				10,100.	9,928.		0.	9,928.
75	FOSTER FENCE	02/09/93	SL	10.00	16	3,800.				3,800.	2,799.		0.	2,799.
96	CAGES	03/15/81	SL	5.00	HY16	3,192.				3,192.	3,192.		0.	3,192.
97	CAGES	03/15/84	SL	5.00	HY16	752.				752.	752.		0.	752.
98	CAGES	04/15/82	SL	5.00	HY16	2,532.				2,532.	2,532.		0.	2,532.
99	CAGES	10/31/88	200DB	7.00	HY16	3,024.				3,024.	3,024.		0.	3,024.

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100	CAGES	01/31/90	200DB	7.00	HY16	9,690.				9,690.	9,690.		0.	9,690.
104	OUTDOOR FENCING	04/15/82	SL	5.00	HY16	2,053.				2,053.	2,053.		0.	2,053.
105	ASTRO FENCING	01/15/87	150DB	15.00	HY16	1,034.				1,034.	959.		0.	959.
106	OUTDOOR FENCING	06/15/87	150DB	15.00	HY16	1,228.				1,228.	1,023.		0.	1,023.
107	THE WEEKS CO	01/31/90	150DB	15.00	HY16	14,962.				14,962.	12,499.		0.	12,499.
108	HOUSTON FENCE	04/21/94	150DB	15.00	HY16	4,692.				4,692.	3,706.		0.	3,706.
109	AMERICAN FENCE	03/13/97	150DB	15.00	HY16	3,587.				3,587.	2,821.		0.	2,821.
110	AMERICAN FENCE	07/09/97	150DB	15.00	HY16	3,042.				3,042.	2,415.		0.	2,415.
124	ANIMAL KINGDOM FURNITURE & FIXTURES	11/21/97	SL	7.00	EQ16	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.

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(D) - Asset disposed

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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.
203	TENTS	03/17/06	SL	7.00		16	2,408.				2,408.	2,408.		0.	2,408.
204	FENCE	03/17/06	SL	7.00		16	10,276.				10,276.	10,276.		0.	10,276.
205	2 BENCHES	06/27/06	SL	7.00		16	3,193.				3,193.	3,193.		0.	3,193.
221	MISCELLANEOUS ASSET	07/01/07	SL	7.00		16	1,646.				1,646.	1,646.		0.	1,646.
226	OFFICE FURNITURE	02/05/08	SL	7.00		16	2,791.				2,791.	2,791.		0.	2,791.
227	OFFICE FURNITURE	02/11/08	SL	7.00		16	1,359.				1,359.	1,359.		0.	1,359.
228	WATER FOUNTAIN	02/28/08	SL	7.00		16	749.				749.	749.		0.	749.
229	OFFICE FURNITURE	03/04/08	SL	7.00		16	3,842.				3,842.	3,842.		0.	3,842.
231	OFFICE FURNITURE	05/22/08	SL	7.00		16	946.				946.	946.		0.	946.
232	CAGES	05/22/08	SL	7.00		16	1,969.				1,969.	1,969.		0.	1,969.
233	BENCH	08/20/08	SL	7.00		16	5,750.				5,750.	5,750.		0.	5,750.
234	OFFICE FURNITURE	09/30/08	SL	7.00		16	1,641.				1,641.	1,641.		0.	1,641.
236	OFFICE FURNITURE	10/28/08	SL	7.00		16	2,147.				2,147.	2,147.		0.	2,147.
237	CONTAINER	11/13/08	SL	7.00		16	3,350.				3,350.	3,350.		0.	3,350.
238	CAGES	12/24/08	SL	7.00		16	2,127.				2,127.	2,127.		0.	2,127.

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260	CAGES	02/11/09	SL	7.00	16	4,340.				4,340.	4,340.	0.	0.	4,340.
261	BENCH	02/28/09	SL	7.00	16	2,240.				2,240.	2,240.	0.	0.	2,240.
262	FURNITURE	03/19/09	SL	7.00	16	958.				958.	958.	0.	0.	958.
263	PICTURE FRAMING	04/29/09	SL	7.00	16	655.				655.	655.	0.	0.	655.
264	FURNITURE	06/18/09	SL	7.00	16	2,200.				2,200.	2,200.	0.	0.	2,200.
265	CABINET	12/16/09	SL	7.00	16	2,640.				2,640.	2,640.	0.	0.	2,640.
274	DOG AND CAT BEDS	03/26/10	SL	7.00	16	2,608.				2,608.	2,608.	0.	0.	2,608.
275	RECEPTION DESK	12/22/10	SL	7.00	16	1,862.				1,862.	1,862.	0.	0.	1,862.
311	12 EXECUTIVE CHAIRS	09/12/12	200DE	7.00	HY17	1,560.			780.	780.	780.	0.	0.	780.
327	VERSA SHOWER PET TUB	05/14/13	200DE	7.00	HY17	3,930.			1,965.	1,965.	1,877.	88.	88.	1,965.
328	BLUE LINE PENINSULA EXAM TABLE	05/15/13	200DE	7.00	HY17	2,503.			1,252.	1,251.	1,195.	56.	56.	1,251.
329	VERSA SHOWER DOG TUB	05/15/13	200DE	7.00	HY17	3,942.			1,971.	1,971.	1,883.	88.	88.	1,971.
340	OVERHEAD DOOR	05/07/14	SL	39.00	MM16	2,130.				2,130.	311.	55.	55.	366.
353	SURGICAL TABLE 60" V-TOP ELECTRIC COLUMN HEATED TOP	03/13/15	200DE	7.00	MQ17	3,596.				3,596.	2,928.	314.	314.	3,242.
354	CUSTOM KAT PALLY AROUND	10/22/15	200DE	7.00	MQ17	16,719.				16,719.	12,522.	1,460.	1,460.	13,982.
372	BENCHES & WASTE STATIONS	11/30/16	200DE	7.00	MQ17	3,164.				3,164.	2,053.	317.	317.	2,370.
389	SHOR-LINE KENNELS	12/31/17	200DE	7.00	MQ17	14,237.				14,237.	7,233.	2,001.	2,001.	9,234.
416	ADJUSTABLE ALL TERRAIN STAGE SYSTEM	05/17/19	200DE	7.00	HY17	6,650.				6,650.	950.	1,629.	1,629.	2,579.

928111 D4-01-20

(D) - Asset disposed

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

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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 Year Deduction	Ending Accumulated Depreciation
* 990	PAGE 10 TOTAL - FURNITURE & FIXTURES						222,935.			5,968.	216,967.	189,938.	6,008.	195,946.
	MACHINERY & EQUIPMENT													
24	KENNEL A/C	08/27/97	200DB	7.00		MQ17	3,750.				3,750.	3,463.	0.	3,463.
40	PORTABLE BUILDING	06/30/87	SL	5.00		HY16	1,285.				1,285.	1,285.	0.	1,285.
41	PORTABLE BUILDING	06/30/87	SL	5.00		HY16	2,025.				2,025.	2,025.	0.	2,025.
42	ALEXANDER TENT CO	03/10/97	200DB	7.00		MQ17	2,400.				2,400.	1,970.	0.	1,970.
55	SURGICAL TABLES	05/31/91	200DB	7.00		HY16	1,859.				1,859.	1,423.	0.	1,423.
56	SURGERY LIGHTS	12/31/91	200DB	7.00		HY16	2,425.				2,425.	1,856.	0.	1,856.
57	HENRY SCHEIM	12/31/92	200DB	7.00		HY16	6,841.				6,841.	3,799.	0.	3,799.
77	KENNEL A/C	08/27/97	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		HY16	526.				526.	526.	0.	526.
87	OFF EQUIP PURCH @ SAMS	10/31/90	200DB	7.00		HY16	421.				421.	421.	0.	421.
88	TELEPHONE EQUIPMENT	10/31/90	200DB	7.00		HY16	993.				993.	993.	0.	993.
89	SUBURBAN SURGICAL	05/30/91	200DB	7.00		HY16	1,083.				1,083.	1,083.	0.	1,083.
90	EQUIPMENT	08/31/91	200DB	7.00		HY16	6,397.				6,397.	6,397.	0.	6,397.
92	OFFICE DEPOT	02/21/95	200DB	7.00		HY16	810.				810.	749.	0.	749.

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(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
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		HY16	25,436.				25,436.	25,436.		0.	25,436.
112	EQUIPMENT	12/31/90	200DB	7.00		HY16	1,325.				1,325.	1,325.		0.	1,325.
113	TX INFRA RED	02/03/92	200DB	7.00		HY16	558.				558.	558.		0.	558.
114	JOSE ALVEDA	05/11/92	200DB	7.00		HY16	650.				650.	650.		0.	650.
115	AUTOCLAVE	10/31/92	200DB	7.00		HY16	2,728.				2,728.	2,728.		0.	2,728.
116	NIKON INVESTMENT GROUP	02/01/93	200DB	7.00		HY16	1,091.				1,091.	1,046.		0.	1,046.
117	INCINERATOR FLOOR	12/31/92	200DB	7.00		HY16	1,225.				1,225.	1,154.		0.	1,154.
119	DEVOE & REYNOLDS	01/25/95	200DB	7.00		HY16	1,000.				1,000.	924.		0.	924.
120	LANSDOWN-MOODY	04/07/95	200DB	7.00		HY16	6,542.				6,542.	6,041.		0.	6,041.
121	LANSDOWN-MOODY	05/17/95	200DB	7.00		HY16	6,640.				6,640.	6,131.		0.	6,131.
122	LANSDOWN-MOODY	06/20/95	200DB	7.00		HY16	6,640.				6,640.	6,048.		0.	6,048.
123	NELCOR	03/28/96	200DB	7.00		HY16	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.

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(D) - Asset disposed

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



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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.
159	NEW EQUIPMENT	07/31/01	SL	7.00		16	4,132.				4,132.	4,132.		0.	4,132.
168	WASHER & DRYER	07/18/02	SL	7.00		16	6,155.				6,155.	6,155.		0.	6,155.
169	SURGERY TABLES	08/21/02	SL	7.00		16	5,206.				5,206.	5,206.		0.	5,206.
170	EXAM TABLES	10/18/02	SL	7.00		16	3,116.				3,116.	3,116.		0.	3,116.
180	X-RAY MACHINE FOR CLINIC	03/28/03	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
181	ENGRAVING MACHINE	11/20/03	SL	5.00		16	3,060.				3,060.	3,060.		0.	3,060.
206	HEAVY EQUIP. SWEEPER, SKID STEER & 2 ATV'S	01/31/06	SL	7.00		16	39,592.				39,592.	39,592.		0.	39,592.
207	BANNER	03/29/06	SL	7.00		16	1,840.				1,840.	1,840.		0.	1,840.
208	GEAR REPAIR	08/15/06	SL	7.00		16	2,200.				2,200.	2,200.		0.	2,200.
209	3 PRESSURE WASHERS	09/21/06	SL	7.00		16	5,535.				5,535.	5,535.		0.	5,535.
213	CONSTRUCTION IN PROGRESS AUDIO VISUAL SYSTEM	12/31/08	SL	39.00	MA	16	29,662.				29,662.	8,371.		761.	9,132.
216	ANESTHESIA MACHINE	03/31/07	SL	7.00		16	1,850.				1,850.	1,850.		0.	1,850.
217	REFRIGERATOR	04/18/07	SL	7.00		16	2,300.				2,300.	2,300.		0.	2,300.
218	KUBOTA RTV900W6-H W/CANOPY	08/15/07	SL	7.00		16	10,572.				10,572.	10,572.		0.	10,572.
219	FREEZER	09/11/07	SL	7.00		16	3,100.				3,100.	3,100.		0.	3,100.

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(D) - Asset disposed

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

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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 Year Deduction	Ending Accumulated Depreciation
220	FENCE	01/14/07	SL	7.00		16	16,532.				16,532.	16,532.	0.	16,532.
239	TV'S	01/24/08	SL	7.00		16	7,713.				7,713.	7,713.	0.	7,713.
240	HOT WATER SYSTEM	01/24/08	SL	7.00		16	5,420.				5,420.	5,420.	0.	5,420.
241	TV'S	03/04/08	SL	7.00		16	1,200.				1,200.	1,200.	0.	1,200.
242	EXAM TABLE	03/17/08	SL	7.00		16	1,000.				1,000.	1,000.	0.	1,000.
243	A/C	04/23/08	SL	7.00		16	4,700.				4,700.	4,700.	0.	4,700.
244	GENERATOR	09/11/08	SL	7.00		16	19,500.				19,500.	19,500.	0.	19,500.
245	AV SYSTEM	09/30/08	SL	7.00		16	15,365.				15,365.	15,365.	0.	15,365.
246	AV SYSTEM	11/18/08	SL	7.00		16	14,712.				14,712.	14,712.	0.	14,712.
247	HOT WATER PRESSURE	11/23/08	SL	7.00		16	10,525.				10,525.	10,525.	0.	10,525.
266	AIR CONDITIONING	05/27/09	SL	7.00		16	3,600.				3,600.	3,600.	0.	3,600.
267	AIR CONDITIONING	06/30/09	SL	7.00		16	2,240.				2,240.	2,240.	0.	2,240.
268	AIR CONDITIONING	11/09/09	SL	7.00		16	6,494.				6,494.	6,494.	0.	6,494.
269	AIR CONDITIONING	11/23/09	SL	7.00		16	3,745.				3,745.	3,745.	0.	3,745.
276	SECURITY CAMERAS	02/09/10	SL	7.00		16	1,244.				1,244.	1,244.	0.	1,244.
277	VET XRAY FILM SYSTEM	03/23/10	SL	7.00		16	18,258.				18,258.	18,258.	0.	18,258.
278	IDEXX-DR 1417	03/23/10	SL	7.00		16	68,070.				68,070.	68,070.	0.	68,070.
279	J568VSC VIDEO ENDSCOPE 8MM	04/28/10	SL	7.00		16	18,900.				18,900.	18,900.	0.	18,900.

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(D) - Asset disposed

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

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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
280	HI-E DRY 195 DEHUMIDIFIER	05/28/10	SL	7.00		16	2,993.				2,993.	2,993.		0.	2,993.
281	KAIVAC 17GAL CLEANING SYSTEM	06/30/10	SL	7.00		16	2,707.				2,707.	2,707.		0.	2,707.
282	KAIVAC 17GAL CLEANING SYSTEM	06/30/10	SL	7.00		16	2,860.				2,860.	2,860.		0.	2,860.
283	AUTO SCRUBBER W100AH GEL BATT	06/30/10	SL	7.00		16	3,908.				3,908.	3,908.		0.	3,908.
284	EAGLE 24" SMART VAC VACUUM	10/10/10	SL	7.00		16	1,889.				1,889.	1,889.		0.	1,889.
288	WATER HEATER	12/31/10	SL	7.00		16	1,106.				1,106.	1,106.		0.	1,106.
289	DEHUMIDIFIER	12/31/10	SL	7.00		16	3,027.				3,027.	3,024.		0.	3,024.
304	SURGIVET UNIVERSAL CDS9080 WITH FLOWMETER POLE	03/15/11	SL	7.00		16	2,083.				2,083.	2,083.		0.	2,083.
305	INSTALL GILLS & BALANCING DAMPERS	04/21/11	SL	7.00		16	2,400.				2,400.	2,400.		0.	2,400.
306	INSTALL 3 SUPPLY GILLS & DAMPERS	05/31/11	SL	7.00		16	3,500.				3,500.	3,500.		0.	3,500.
307	FIT FUR LIFE PROFESSIONAL TREADMILL	11/16/11	SL	7.00		16	3,354.				3,354.	3,354.		0.	3,354.
312	CARDELL MONITOR	01/26/12	200DB	7.00		HY17	3,595.			1,798.	1,797.	1,797.		0.	1,797.
313	INJET LABLE PRINTER - COLOR	02/09/12	200DB	5.00		HY17	1,129.			565.	564.	564.		0.	564.
314	SS3 20" PAD DRIVE AUTO SCRUB	04/11/12	200DB	7.00		HY17	5,777.			2,889.	2,888.	2,888.		0.	2,888.
315	REBUILT SCOUT 24 SWEEPER	06/12/12	200DB	7.00		HY17	1,050.			525.	525.	525.		0.	525.
316	CD 800 PRINTER	07/18/12	200DB	5.00		HY17	2,243.			1,122.	1,121.	1,121.		0.	1,121.
317	DELL COMPUTER	07/18/12	200DB	5.00		HY17	2,785.			1,393.	1,392.	1,392.		0.	1,392.
318	LIGHT CENTURION 2 CELL	08/20/12	200DB	7.00		HY17	4,362.			2,181.	2,181.	2,181.		0.	2,181.

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(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	Con. 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
319	LIGHT CENTURION 2 CELL	09/28/12	200DE	7.00	HY17	3,385.			1,693.	1,692.	1,692.		0.	1,692.
320	HOTSY 1075SSE	11/06/12	200DE	7.00	HY17	6,195.			3,098.	3,097.	3,097.		0.	3,097.
323	AUTOCCLAVE ULTRACLAVE	04/25/12	200DE	7.00	HY17	4,951.			2,476.	2,475.	2,475.		0.	2,475.
330	REBUILT T-3 AUTO SCRUBBER	01/05/13	200DE	7.00	HY17	3,139.			1,570.	1,569.	1,499.		70.	1,569.
331	SONIC WALL	02/26/13	200DE	5.00	HY17	1,759.			880.	879.	879.		0.	879.
332	7.5 TON R22 AIR CONDENSER FOR SURGICAL AREA	06/14/13	200DE	7.00	HY17	3,640.			1,820.	1,820.	1,739.		81.	1,820.
341	2 SCALES	02/17/14	200DE	7.00	MQ17	1,070.			535.	535.	483.		46.	529.
342	SCRUBBER	04/29/14	200DE	7.00	MQ17	2,344.			1,172.	1,172.	1,029.		104.	1,133.
343	DISHWASHER	11/17/14	200DE	7.00	MQ17	19,492.			9,746.	9,746.	8,151.		851.	9,002.
344	WATER HEATER	11/17/14	200DE	7.00	MQ17	2,748.			1,374.	1,374.	1,149.		120.	1,269.
347	DISHWASHER CONNECTION	11/17/14	200DE	7.00	MQ17	1,117.			559.	558.	467.		49.	516.
355	REBUILT TENNANT T3 SCRUBBER	02/25/15	200DE	7.00	MQ17	2,900.				2,900.	2,361.		254.	2,615.
356	SHARP 65" LED SMART HDTV	07/15/15	200DE	7.00	MQ17	2,054.				2,054.	1,576.		182.	1,758.
357	CUDA EYE FALCON DOME CAMERA 32 GB	07/17/15	200DE	7.00	MQ17	2,650.				2,650.	2,034.		235.	2,269.
358	3 AIR OASIS	08/19/15	200DE	7.00	MQ17	2,272.				2,272.	1,744.		201.	1,945.
373	FURNACE FOR SURGICAL AREA	04/18/16	200DE	7.00	MQ17	2,750.				2,750.	1,926.		244.	2,170.
374	2 MOWERS	07/11/16	200DE	7.00	MQ17	15,640.				15,640.	10,551.		1,454.	12,005.
375	SOUND SYSTEM	12/30/16	200DE	7.00	MQ17	5,688.				5,688.	3,689.		571.	4,260.

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(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	C o u n t	Line No.	Unadjusted Cost Or Basis	Plus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
376	AUTOCLAVE	12/31/16	200DB	7.00		MC17	6,145.				6,145.	3,985.		617.	4,602.
382	CATTLE TRAILERS	10/28/16	200DB	7.00		MC17	12,712.				12,712.	8,245.		1,276.	9,521.
383	HORSE STALLS	09/26/16	200DB	7.00		MC17	9,923.				9,923.	6,694.		923.	7,617.
390	BECKER SLING PACKAGE	01/11/17	200DB	7.00		MC17	2,686.				2,686.	1,658.		294.	1,952.
391	REFRIDGERATOR	01/11/17	200DB	7.00		MC17	1,408.				1,408.	869.		154.	1,023.
392	WASHER & DRYER	01/11/17	200DB	7.00		MC17	1,522.				1,522.	940.		166.	1,106.
393	REPLACE EXHAUST STACK ON INCINERATOR FURNACE	03/31/17	200DB	7.00		MC17	14,438.				14,438.	8,913.		1,579.	10,492.
394	COMPUTER BOARD & COMPRESSOR FOR MAROON KENNEL	11/16/17	200DB	7.00		MC17	4,299.				4,299.	2,184.		604.	2,788.
395	S51235 KUBOTA	12/28/17	200DB	7.00		MC17	17,475.				17,475.	8,878.		2,456.	11,334.
396	BH 77 BACKHOE	12/28/17	200DB	7.00		MC17	8,668.				8,668.	4,404.		1,218.	5,622.
400	AIR CONDITIONER FOR GREEN KENNEL	01/03/18	200DB	7.00		MC17	5,200.				5,200.	2,414.		796.	3,210.
401	AUTOCLAVE 15X27 MANUAL 3870M LIGHT GALAXY SPRING ARM	01/31/18	200DB	7.00		MC17	12,532.				12,532.	5,818.		1,918.	7,736.
402	SINGLE 4-POD & WALL MOUNT T-950 EXPRESS, 60 LB OPL	05/31/18	200DB	7.00		MC17	7,237.				7,237.	2,991.		1,213.	4,204.
403	WASHER	05/31/18	200DB	7.00		MC17	8,300.				8,300.	3,430.		1,391.	4,821.
404	5 TON GUARDIAN R 4017C UNIT	07/25/18	200DB	7.00		MC17	3,600.				3,600.	1,304.		656.	1,960.
405	PIEZO P6 LED ULTRASONIC SCALER	11/30/18	200DB	7.00		MC17	6,295.				6,295.	1,959.		1,239.	3,198.
406	300KW GENERAC GASEOUS GENERATOR	10/12/18	200DB	7.00		MC17	234,632.				234,632.	73,023.		46,174.	119,197.
407	3 ANALYZERS AND INSTRUMENTS	03/16/18	200DB	7.00		MC17	78,389.				78,389.	36,395.		11,998.	48,393.

028111 04-01-20

(D) - Asset disposed

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

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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
414	KUBOTA UTILITY VEHICLE S/N27924	01/30/19	200DB	7.00		HY17	15,077.				15,077.	2,154.		3,692.	5,846.
415	SCAG MOWER SC272V-31PX	01/30/19	200DB	7.00		HY17	10,255.				10,255.	1,465.		2,511.	3,976.
417	A/C FOR CAT KENNEL	08/26/19	200DB	7.00		HY17	13,850.				13,850.	1,979.		3,392.	5,371.
418	5 TON R307C GUARDIAN CONDENSER	09/16/19	200DB	7.00		HY17	2,850.				2,850.	407.		698.	1,105.
421	DR 50 SYSTEM	06/30/19	200DB	7.00		HY17	39,637.				39,637.	5,662.		9,707.	15,369.
423	PILOTER ULTRASOUND & TROLLEY	04/30/20	200DB	7.00		MQ19C	18,500.				18,500.			3,304.	3,304.
424	HELI FORK LIFT MODEL SERIAL #1701903002T	08/31/20	200DB	7.00		MQ19C	25,526.				25,526.			2,735.	2,735.
425	GUARDIAN 4 TON 407C CONDENSOR UNIT	05/12/20	200DB	7.00		MQ19C	3,250.				3,250.			580.	580.
426	A/C FOR ADOPTION BUILDING	10/29/20	200DB	7.00		MQ19C	97,164.				97,164.			3,470.	3,470.
427	RESCUE BOAT	09/01/20	200DB	5.00		MQ19B	5,000.				5,000.			750.	750.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						1,255,725.			35,396.	1,230,329.	698,635.		110,734.	809,369.
	ALARM SYSTEM														
94	ALARM SYSTEM	12/31/90	200DB	7.00		HY16	4,180.				4,180.	4,180.		0.	4,180.
95	ROLLINS	12/12/94	200DB	7.00		HY16	1,096.				1,096.	1,096.		0.	1,096.
214	SECURITY SYSTEM	10/29/07	SL	39.00		MM16	45,266.				45,266.	14,125.		1,161.	15,286.
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.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bys % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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.	1,140.		118.	1,258.
359	SIGMAX SECURITY SYSTEM	11/18/15	200DB	7.00	MQ17		19,743.				19,743.	14,787.		1,724.	16,511.
377	SECURITY SYSTEM	08/31/16	200DB	7.00	MQ17		1,320.				1,320.	891.		123.	1,014.
378	SECURITY SYSTEM	06/24/16	200DB	7.00	MQ17		3,100.				3,100.	2,172.		275.	2,447.
379	SECURITY SYSTEM	09/27/16	200DB	7.00	MQ17		6,093.				6,093.	4,110.		567.	4,677.
380	SECURITY SYSTEM	12/15/16	200DB	7.00	MQ17		3,280.				3,280.	2,127.		329.	2,456.
	* 990 PAGE 10 TOTAL - ALARM SYSTEM						121,315.			1,332.	119,983.	79,199.		4,297.	83,496.
	TELECOM SYSTEM														
101	TELECOM SYSTEM	12/31/90	200DB	7.00	HY16		5,407.				5,407.	5,407.		0.	5,407.
102	PROSTAR	12/19/95	200DB	7.00	HY16		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	HY16		13,354.				13,354.	13,354.		0.	13,354.

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(D) - Asset disposed

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

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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
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.
183	LAPTOP	09/24/03	SL	5.00		16	1,578.				1,578.	1,578.		0.	1,578.
197	DELL COMPUTERS	07/21/05	SL	5.00		16	7,869.				7,869.	7,869.		0.	7,869.
198	DELL COMPUTER	07/26/05	SL	5.00		16	2,709.				2,709.	2,709.		0.	2,709.
199	DELL COMPUTER	08/25/05	SL	5.00		16	2,254.				2,254.	2,254.		0.	2,254.
210	5 COMPUTERS	03/17/06	SL	5.00		16	5,418.				5,418.	5,418.		0.	5,418.
215	CONSTRUCTION IN PROGRESS - COMPUTER CABLING	12/31/08	SL	39.00	MM	16	10,000.				10,000.	2,816.		256.	3,072.
251	COMPUTERS	03/04/08	SL	5.00		16	8,292.				8,292.	8,292.		0.	8,292.
252	COMPUTER	03/26/08	SL	5.00		16	684.				684.	684.		0.	684.
253	COMPUTERS	08/20/08	SL	5.00		16	3,305.				3,305.	3,305.		0.	3,305.
287	DELL COMPUTER	08/26/10	SL	5.00		16	2,290.				2,290.	2,290.		0.	2,290.
321	SENTINEL NAS SERVER	11/30/12	200DB	5.00	HY	17	1,000.			500.	500.	500.		0.	500.
322	4 DELL COMPUTERS	11/30/12	200DB	5.00	HY	17	1,710.			855.	855.	855.		0.	855.

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(D) - Asset disposed

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333	DELL COMPUTER	03/10/13	200DB	5.00	HY17	1,734.			867.	867.	867.	0.	0.	867.
334	DELL COMPUTER	01/26/13	200DB	5.00	HY17	1,948.			974.	974.	974.	0.	0.	974.
335	BARRACUDA BACKUP 390	03/10/13	200DB	5.00	HY17	3,372.			1,686.	1,686.	1,686.	0.	0.	1,686.
360	SERVER - RICOH ENGINEERED IT SOLUTION	03/19/15	200DB	7.00	MY17	4,100.				4,100.	3,338.	359.	359.	3,697.
419	COMPUTERS	02/05/19	200DB	5.00	HY17	14,161.				14,161.	2,832.	4,532.	4,532.	7,364.
420	COMPUTERS	02/22/19	200DB	5.00	HY17	13,608.				13,608.	2,722.	4,354.	4,354.	7,076.
* 990 PAGE 10 TOTAL -														
	COMPUTER HARDWARE					122,473.			4,882.	117,591.	87,430.	9,501.	9,501.	96,931.
	COMPUTER SOFTWARE													
126	RICHMOND IMAGING ASSOC	12/03/91		60M	HY43	1,200.				1,200.	1,200.	0.	0.	1,200.
127	ADVANCED SYSTEM GROUP	06/30/93		60M	HY43	10,825.				10,825.	10,825.	0.	0.	10,825.
128	SOFTWARE	05/21/96	SL	7.00	16	7,180.				7,180.	7,180.	0.	0.	7,180.
139	UNILINK SOFTWARE	08/03/98	SL	5.00	16	434.				434.	434.	0.	0.	434.
148	COMPUTER SOFTWARE	10/29/99	SL	5.00	16	999.				999.	999.	0.	0.	999.
174	RETAIL PRO SOFTWARE	06/30/02		36M	HY43	3,900.				3,900.	3,900.	0.	0.	3,900.
184	WEBSITE DESIGN	02/28/03		60M	HY43	8,385.				8,385.	8,385.	0.	0.	8,385.
185	WEBSITE DESIGN	12/31/03		60M	HY43	5,625.				5,625.	5,625.	0.	0.	5,625.
211	MAS 90 SOFTWARE	12/31/06	197	60M	HY43	7,240.				7,240.	7,240.	0.	0.	7,240.
271	WEBSITE DESIGN	05/12/09		60M	HY43	4,000.				4,000.	4,000.	0.	0.	4,000.

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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
361	DIGITAL FUNCTION - WEBSITE DESIGN	08/31/15	200DB	5.00	MC17		8,160.				8,160.	7,584.		576.	8,160.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE						57,948.				57,948.	57,372.		576.	57,948.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						14047346.			49,788.	13997558.	4,175,771.		347,495.	4,523,266.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						13863434.			49,788.	13813646.	4,175,771.			4,507,256.
	ACQUISITIONS						183,912.			0.	183,912.	0.			16,010.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						14047346.			49,788.	13997558.	4,175,771.			4,523,266.
	ENDING ACCUM DEPR											4,573,054.			
	ENDING BOOK VALUE											9,474,292.			

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