TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Houston Petset c/o 1302 Waugh Drive No. 825 Houston, TX 77019
Prepared by	Maddox, Thomson & Associates, P.C. 2603 Augusta Drive, Suite 1400 Houston, TX 77057
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by August 15, 2016.

IRS e-file Signature Authorization for an Exempt Organization

r year 2015, or fiscal year beginning	, 2015, and ending	 ,20

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. Keep for your records.		2010
nternal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form88		
Name of exempt organization	n	Employer id	dentification number
HOUSTON PETS	ET	20-08	300623
Name and title of officer REBECCA MCEL IREASURER	ROY		
Part I Type o	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or	turn for which you are using this Form 8879-EO and enter the applicable amount, if any, from 5a, below, and the amount on that line for the return being filed with this form was blank, to blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable by Total revenue, if any (Form 990, Part VIII, column (A), line 12)	hen leave lir e line below.	ne 1b, 2b, 3b, 4b, or 5b, Do not complete more
2a Form 990-EZ check		1b _	
3a Form 1120-POL che		25 _	
4a Form 990-PF check		4b	
5a Form 8868 check he			
	, , , , , , , , , , , , , , , , , , , ,		
Part II Declar	tion and Signature Authorization of Officer		
(a) an acknowledgement the date of any refund. I debit) entry to the finance return, and the financial 1-888-353-4537 no later processing of the electro payment. I have selected	rider, transmitter, or electronic return originator (ERO) to send the organization's return to to freceipt or reason for rejection of the transmission, (b) the reason for any delay in process applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an example all institution account indicated in the tax preparation software for payment of the organization stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. than 2 business days prior to the payment (settlement) date. I also authorize the financial in incipayment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic representation of the payment of taxes.	ssing the retelectronic function's feder Treasury Finnstitutions in Tresolve iss	turn or refund, and (c) unds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the sues related to the
		to enter my	PIN 93944
121 Tauthonze 11	ERO firm name	to enter my	Enter five numbers, b
	LITO IIIII HAIIIO		do not enter all zeros
is being filed v enter my PIN o	e on the organization's tax year 2015 electronically filed return. If I have indicated within the ith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aution the return's disclosure consent screen.	horize the a	forementioned ERO to
indicated with	f the organization, I will enter my PIN as my signature on the organization's tax year 2015 on this return that a copy of the return is being filed with a state agency(ies) regulating charienter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date ▶		
Part III Certific	ation and Authentication		
ERO's EFIN/PIN. Enter	our six-digit electronic filing identification		
number (EFIN) followed	by your five-digit self-selected PIN. 76776458517 do not enter all zeros		
	umeric entry is my PIN, which is my signature on the 2015 electronically filed return for the ting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) ess Returns.		
ERO's signature	Date ▶		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do		

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form **8879-EO** (2015)

EXTENDED TO AUGUST 15, 2016

ggn

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HOUSTON PETSET Name change 20-0800623 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ C/O 1302 WAUGH DRIVE l825 (713)343-3218termin-ated 301,369. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended HOUSTON, TX 77019 H(a) Is this a group return Applica-F Name and address of principal officer: REBECCA MCELROY Yes X No for subordinates? pending 3616 RICHMOND AVE #1802, HOUSTON, 77046 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.HOUSTONPETSET.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2003 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: HOUSTON PETSET IS A NON-PROFIT Activities & Governance ORGANIZATION DEDICATED TO EDUCATING AND PROMOTING PUBLIC AWARENESS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 25 Total number of volunteers (estimate if necessary) 6 -51,845. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 26,599 119,006. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) -51,845. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 113,035. 55,747. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 122,908. 139,639. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,000. 110,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 14,995. 24,064. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 114,995. 134,064. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,644. -11,156.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 36,962. 78,360. Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 36,962. 78,360**.** Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign REBECCA MCELROY, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature REBECCA MCELROY P01062925 Paid Firm's name MADDOX, THOMSON & ASSOCIATES, P.C. 76-0<u>146530</u> Preparer Firm's EIN Firm's address > 2603 AUGUSTA DRIVE, SUITE 1400 Use Only Phone no. 713-783-4242 HOUSTON, TX 77057

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

1d	Other program service	s (Describe in Schedule O.)

123,530. Total program service expenses

20-0800623 Page **3**

Form 990 (2015) HOUSTON PETS Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			~~~	

# Form 990 (2015) HOUSTON PETSET Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			\ ₃₂
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_V
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
34		24		x
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a		35a		1 22
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line ?	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<del>                                     </del>
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	30		

Form 990 (2015) HOUSTON PETSET 20-0800623 Page 5

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v						
			1	_		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		싞			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			)			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r						
_	(gambling) winnings to prize winners?	 I	I	1	С		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		_			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned.			2	D		
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructional Did the organization have unrelated business gross income of \$1,000 or more during the year?			3			х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3	-		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	3			
<del>-</del> a	financial account in a foreign country (such as a bank account, securities account, or other financial			4	<u>.</u>		х
h	If "Yes," enter the name of the foreign country:	accou			u		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5	а		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5	-		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5	-		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t						
	any contributions that were not tax deductible as charitable contributions?			6	а		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu						
	were not tax deductible?			6	b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7	а		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired				
	to file Form 8282?		 I	7	С		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7	-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7	-		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7	_		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
^				8	3		
9	Sponsoring organizations maintaining donor advised funds.						
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9	-		
	Section 501(c)(7) organizations. Enter:			9	D		
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1			
11	Section 501(c)(12) organizations. Enter:		<u> </u>				
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13	За		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1				
	organization is licensed to issue qualified health plans	13b		4			
	Enter the amount of reserves on hand	13c					
					1a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14	_		<u> </u>
				Fo	orm	990	(2015)

Form 990 (2015) HOUSTON PETSET 20-0800623 Page

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 in Schedule O. See instructions.

_	Check it Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divides (mis seed on B requests information about politics not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		ı ıu		
12a	Didd of the control o	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
		120		
·	in Schedule O how this was done	12c		
13		13		Х
14		14		X
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
u	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	.00		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
13	statements available to the public during the tax year.	miail	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_0	REBECCA MCELROY - (713) 783-4242			
	2603 AUGUSTA DRIVE, SUITE 1400, HOUSTON, TX 77057			

11028__1

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-				1	100)	from the	from related organizations	other
	(list any hours for	direct				-		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	line)	<u>P</u>	Inst	ij	Ke	Hig	윤			
(1) TENA LUNDQUIST-FAUST	5.00	-		,,						_
CO-PRESIDENT	F 00	_		Х				0.	0.	0
(2) TAMA LUNDQUIST	5.00	4		\ \ **					_	_
CO-PRESIDENT	2.00			Х				0.	0.	0
(3) CINDY GRIFFIN	2.00	-		x				0.	0.	_
CO-VICE PRESIDENT (4) KELLY KIMBERLY	2.00			^		-		0.	0.	0
CO-VICE PRESIDENT	2.00	-		x				0.	0.	0
(5) REBECCA MCELROY	3.00			^				0.	0.	
TREASURER	3.00	┨		х				0.	0.	0
(6) STACY WALKER	2.00	-							0.	
SECRETARY	2.00	1		x				0.	0.	0
									•	
		1								
		1								
		Ī								
		_								
		_	_	_	_	_	<u> </u>			
		-								
		_				_	_			
		1								
		<u> </u>	_			_	<u> </u>			
	1	1	l	ı	l	1	l	1		

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Part VII Section	A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
Na	ame and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			stimate nount c	
		week					or/trus		from	from related			other	,,
		(list any hours for	rector						the	organization			pensat	
		related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizati	
		organizations	truste	nal trus		yee	omper		(** 2, 1888 *********************************				d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ns
		11110)	Ĕ	Ĕ	₽	Ş.	ぎょ	요						
	timtimab.asta.ta.Daut.VI								0.		0.			0.
	ontinuation sheets to Part Vi les 1b and 1c)								0.		0.			0.
	of individuals (including but n								eceived more than \$100	,000 of reportab	ole			
compensation	n from the organization												Vaa	0
3 Did the organ	ization list any <b>former</b> officer,	director or tru	ıste	e ke	ev er	mplo	ovee	or	highest compensated e	mplovee on	ſ		Yes	No
•	es," complete Schedule J for s	•			•	•	•					3		Х
	dual listed on line 1a, is the su													
	rganizations greater than \$15											4		X
• •	on listed on line 1a receive or a ne organization? <i>If</i> "Yes," <i>com</i>	· ·				-					ì	5		Х
	ndent Contractors	ipiete Geriedar	C 0 1	0/ 30	исп	perc	3011							
	s table for your five highest co										npens	ation 1	from	
the organizati	on. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir T	n the organization's tax ( <b>B)</b>	/ear.		(0	<u> </u>	
	Name and business	address	N	ІИС	Ξ				Description of s	ervices	С		nsation	1
								$\dashv$						
	of independent contractors (i compensation from the organi		ot li	mite	d to		se li: 0	stec	above) who received m	ore than				
Ψ 100,000 Of C	ompondation from the organi	_anon					•					Form	990 (2	015)

532008 12-16-15

Form	n 990 (	(2015) HOUST(	ON PETSET			20-0800	623 Page 9
Pa	rt VII	Statement of Reven	ue				
		Check if Schedule O conta	ins a response or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h c d e	Fundraising events  Related organizations  Government grants (contributions)	1b 1c 111,926.  1d 1e 5, and 2e 1f 7,080.  Business Code	119,006.			
	g	Total. Add lines 2a-2f					
	3 4 5 6 a b c d	Investment income (including of other similar amounts) Income from investment of tax Royalties  Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	exempt bond proceeds  (i) Real  (ii) Personal	14.		14.	
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities (ii) Other 24,654.  76,513.  -51,859.	-51,859.		-51,859.	
Other Revenue	8 a b	Gross income from fundraising including \$ 111,92 contributions reported on line Part IV, line 18 Less: direct expenses	events (not 26. of lc). See  a 157,695. b 101,948.	F.F. 5.45			
	9 a b	Net income or (loss) from fundr Gross income from gaming act Part IV, line 19 Less: direct expenses	ivities. See a b	55,747.			55,747.
	10 a b	Net income or (loss) from gaming Gross sales of inventory, less rand allowances  Less: cost of goods sold  Net income or (loss) from sales	eturns a b				

532009 12-16-15

11 a b

122,908.

**Business Code** 

d All other revenue .....

Total revenue. See instructions.

e Total. Add lines 11a-11d

-51,845.

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### 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 (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 110,000. 110,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 1,410. 1,410. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 13,530. 13,530. column (A) amount, list line 11g expenses on Sch O.) 317. 317. Advertising and promotion 12 646. 646. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 ..... Payments to affiliates _____ 21 Depreciation, depletion, and amortization ..... 22 600. 600. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CREDIT CARD MERCHANT FE 7,561 7,561. С All other expenses е 134,064 123,530. 10,534. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

# Form 990 (2015) Part X Balance Sheet

Pan	LA	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	36,962.	1	77,105
	2	Savings and temporary cash investments	3073021	2	777203
	3	Pledges and grants receivable, net		3	
	4			4	
	5	Accounts receivable, net  Loans and other receivables from current and former officers, directors,		7	
	3	trustees, key employees, and highest compensated employees. Complete			
				5	
	6	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under			
	Ü	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	1,255
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	36,962.	16	78,360
	17	Accounts payable and accrued expenses		17	·
	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	
g l	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets		27	
2al	28	Temporarily restricted net assets		28	
ē	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0.	30	0
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	36,962.	32	78,360
۱ ۲	33	Total net assets or fund balances	36,962.	33	78,360
	34	Total liabilities and net assets/fund balances	36,962.	34	78,360

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Form 990 (2015)

HOUSTON PETSET

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	12 13 -1 3	2,9 4,0 1,1 6,9	08. 64. 56. 62. 18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		<u>,                                    </u>	<del>50•</del>
10	column (B))	10	7	8.3	60.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
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 reviewer separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b_	000	(22.45)
			Form	<b>990</b>	(2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 20-0800623

Name of the organization

HOUSTON PETSET

Part	•	Reason for Public (	Snarity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he org	aniz	ation is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)		
1 🖳	<u></u>	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2 _	<u></u>	A school described in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
з 📙	<u></u>	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	i).	
4	/	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_ (	city, and state:						
5	/	An organization operated fo	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6	] /	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	] /	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
	5	section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8	] /	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9 X		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
	á	activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	t from gross investment
	i	ncome and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
	_ 5	See <b>section 509(a)(2).</b> (Cor	mplete Part III.)					
10 🖳	_ /	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	9(a)(4).	
11 🗀	_ /	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or
	r	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> C	Check the box in
	[	ines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
a		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
e l		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •	• •				
		the number of supported of						
g P		de the following information			Viv.) la tha a	ranization	(-) A	(-d) A
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	rganization in your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization.		above (see instructions))	governing		instructions)	instructions)
					Yes	No	,	,
otal								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4		`,	, ,	<u> </u>	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	_
	organization, check this box and stop	here		, , , , , , , , , , , , , , , , , , ,			
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization	١			▶□
b	b 33 1/3% support test - 2014. 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 quali	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ						▶□
18	<b>Private foundation.</b> If the organizatio		-				s
						dula A /Earm 000	

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	,,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,237.	19,523.	7,455.	26,599.	102,284.	173,098.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	99,186.	75,695.		173,053.	174,418.	522,352.
3	Gross receipts from activities that	-	-		-	-	
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	116,423.	95,218.	7,455.	199,652.	276,702.	695,450.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						695,450.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015 276, 702.	(f) Total
9	Amounts from line 6	116,423.	95,218.	7,455.	199,652.	276,702.	695,450.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34.	27.	5.	5.	24,668.	24,739.
k	Unrelated business taxable income					,	<u> </u>
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	34.	27.	5.	5.	24,668.	24,739.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	116,457.	95,245.	7,460.	-	-	720,189.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ration,
<u>C-</u>	check this box and stop here	in Command Day					<u></u>
	ction C. Computation of Publ					45	96.56 %
	Public support percentage for 2015 (I					15	000
	Public support percentage from 2014 ction D. Computation of Investigation					16	99.96 %
				o 12 column (f)		17	3.44 %
	Investment income percentage for 20					18	.04 %
	Investment income percentage from 2 a 33 1/3% support tests - 2015. If the			on line 14 and line			
136	more than 33 1/3%, check this box a						► X
Ł	33 1/3% support tests - 2014. If the						
-	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						<b>▶</b> □

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5а		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
10b	000 E7	

Pa	rt IV   Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	<u>'</u> '		<u> </u>
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	. age e	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions) 6				
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	ganization (see	
	instructions)	. •	3	•	

Schedule A (Form 990 or 990-EZ) 2015

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
<b>.</b>		Distribution Allegations (see instance)	<b>Excess Distributions</b>	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information Devide the evaluations required by Dart II, line 10: Dart II, line 17: or 17h; Dart III, line 19:
i dit 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,
	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.)
_	
<u> </u>	
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-	
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

HOUSTON PETSET 20-0800623

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$					
	•	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 20-0800623

I alt I	Continuators (see instructions). Ose duplicate copies of Part III addition	ai space is fieeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BUFFY MARTINES  2908 FERNDALE  HOUSTON, TX 77098	\$8,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAN DUNCAN  2980 LAZY LANE  HOUSTON, TX 77019	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FANT FOUNDATION  1322 N. POST OAK ROAD  HOUSTON, TX 77055	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NANCY MORRISON  3228 LOCKE LANE  HOUSTON, TX 77019	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	#10 REMINGTON LANE HOUSTON, TX 77005	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TYSON AND TENA FAUST  3121 NEWCASTLE DRIVE  HOUSTON, TX 77027	\$8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HOUSTON PETSET 20-0800623

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	WHITNEY BANK  4265 SAN FELIPE, SUITE 100  HOUSTON, TX 77027	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	DON A. SANDERS  600 TRAVIS ST., STE. 5900  HOUSTON, TX 77002	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

Name of organization Employer identification number

20-0800623 HOUSTON PETSET Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 665 SHARES KROGER COMPANY 2 23,954. 07/27/15 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Employer identification number

Name of organization

HOUSTO	ON PETSET			20-0800623				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns <b>(a)</b> through <b>(e) and</b> the follov	wing line entry. For organization	(10) that total more than \$1,000 for				
	Use duplicate copies of Part III if addition	al space is needed.	,	,				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Desc	(d) Description of how gift is held				
		(e) Transfer of gift	<u> </u>					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I	(b) Fullpose of grit	(c) Ose of gift	(u) Desc	THE THE THE TIERS THE TENTE				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No.								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a			nsferor to transferee				

#### **SCHEDULE G**

(Form 990 or 990-EZ)

(Form 990 or 990-LZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOUSTON PETSET 20-0800623

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	<u>.</u>			, ,			
1 Indicate whether the organization rais	ed funds through any of the following	ng acti	/ities.	Check all that apply			
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations				nment grants			
c Phone solicitations	<b>g</b> ∟ Special	Turiura	ising (	events			
d In-person solicitations							
2 a Did the organization have a written o							
key employees listed in Form 990, Pa						└── No	
<b>b</b> If "Yes," list the ten highest paid indi-		uant to	agre	ements under which	the fundraiser is to	be	
compensated at least \$5,000 by the	organization.						
		/			(u) Amount noid		
(i) Name and address of individual	(iii) A satistica	(iii) fundr have ci	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) Activity	or control of contributions?		from activity	fundraiser	organization	
		contribi	itions?		listed in col. (i)	5. ga <b>_</b>	
		Yes	No				
Total							
3 List all states in which the organizatio	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.							

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 HOUSTON PETSET 20-0800623 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through 2015 SOIREE col. (c)) (event type) (total number) (event type) 269,621. 1 Gross receipts 269,621. 111,926 111,926. 2 Less: Contributions 157,695. 157,695. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 31,754. 31,754. 6 Rent/facility costs 7 Food and beverages 2,794. 2,794. 8 Entertainment 67,400. 67,400. 9 Other direct expenses 101,948 **10** Direct expense summary. Add lines 4 through 9 in column (d) 55,747. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015 532082 09-14-15

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

**b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2015 HOUSTON PETSET 20-0	800623	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	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
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
(	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of convices provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· Carres	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and (	nes 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G (Form 990 or 990-EZ) HOUSTON PETSET	20-0800623 Page 4
Schedule G (Form 990 or 990-EZ) HOUSTON PETSET  Part IV Supplemental Information (continued)	<u> </u>

### **SCHEDULE M** (Form 990)

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

Inspection **Employer identification number** 

	HOUSTON PETS	ET'			20-	08006	23	
Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	determini		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	25,204.	NYSE AVERA	GE HI	[GH	/LO
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	183, Part IV,	Donee Acknowled	gement 29				
	-						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?		·		30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		Х
	Does the organization hire or use third parties							
	contributions?		-	· · · · · · · · · · · · · · · · · · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II	. ,		-	•			

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

Schedule M (Form 990) (2015)

### **SCHEDULE 0**

(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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOUSTON PETSET

**Employer identification number** 20-0800623

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INTEREST IN ANIMAL WELFARE, PROMOTING COMMITMENT AND RESPECT FOR
ALL ANIMALS AND PROTECTING THEM FROM SUFFERING AND ABUSE.
PART IV, LINE 21
HOUSTON PETSET GRANTED A TOTAL OF \$110,000 TO 35 IRC CODE SECTION
501(C)(3) ORGANIZATIONS. NO ONE ORGANIZATION RECEIVED MORE THAN \$5,000
IN 2015.
FORM 990, PART VI, SECTION A, LINE 2:
CO-PRESIDENTS ARE SISTERS.
FORM 990, PART VI, SECTION B, LINE 11:
NO REVIEW WILL BE CONDUCTED.
FORM 990, PART VI, SECTION C, LINE 18:
HOUSTON PETSET DOES NOT MAKE THIS INFORMATION AVAILABLE TO THE PUBLIC.
FORM 990, PART VI, SECTION C, LINE 19:
HOUSTON PETSET DOES NOT MAKE THIS INFORMATION AVAILABLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:
ADMINISTRATIVE ASSISTANT:
PROGRAM SERVICE EXPENSES 13,530.
MANAGEMENT AND GENERAL EXPENSES 0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

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11028__1

Name of the organization HOUSTON PETSET	Employer identification number 20-0800623
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,530.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,530.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DIFFERENCE IN BASIS OF SECURITIES SOLD	52,436.

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			$ ightharpoonup \left[ X \right]$	
	re filing for an Additional (Not Automatic) 3-Month Ex						
,	mplete Part II unless you have already been granted a	•		,			
	c filing (e-file). You can electronically file Form 8868 if y		•	•		corporation	
	o file Form 990-T), or an additional (not automatic) 3-mor			•		•	
•	,		•		•		
	file any of the forms listed in Part I or Part II with the exc	•	•				
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	ctronic filing of	this form,	
	irs.gov/efile and click on e-file for Charities & Nonprofits		1 11 11 11	1 1			
Part I	Automatic 3-Month Extension of Time						
-	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I only						▶ ∟	
	orporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	st an exten	sion of time		
to file inco	me tax returns.			Enter file	er's identifying	number	
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	Employer identification number (EIN)		
print							
	HOUSTON PETSET				20-080	0623	
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruct	tions.	Social se	curity number	(SSN)	
iling your	C/O 1302 WAUGH DRIVE, NO. 8				<b>,</b>	(,	
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo		ress see instructions	<u> </u>			
	HOUSTON, TX 77019	n eigir add	ress, see instructions.				
	110001011, 111 77013						
	7 - h		t			0 1	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				
Application	on	Return	Application Re				
ls For		Code	Is For	Cod			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-	BL	02	Form 1041-A			08	
Form 4720	) (individual)	03	Form 4720 (other than individual)			09	
Form 990-	PF	04	Form 5227			10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above)	06	Form 8870			12	
	REBECCA MCELROY	Z					
• The bo	oks are in the care of > 2603 AUGUSTA DE	RIVE,	SUITE 1400 - HOUS	TON.	TX 7705	7	
Teleph	one No. ► (713)783-4242		Fax No. ▶				
	rganization does not have an office or place of business	in the Lin					
	s for a Group Return, enter the organization's four digit (					P L	
Г					-		
<u> </u>	If it is for part of the group, check this box				ers the extens	on is for.	
	uest an automatic 3-month (6 months for a corporation						
		t organiza	tion return for the organization nam	ed above.	The extension		
_	r the organization's return for:						
▶∟	X  calendar year $ 2015 $ or						
►L	tax year beginning	, an	d ending				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	refundable credits. See instructions.	,	,	За	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	v refundable credits and		*		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
	ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ		
				2-	<b>e</b>	0.	
	sing EFTPS (Electronic Federal Tax Payment System).			3c	\$		
aution.	f you are going to make an electronic funds withdrawal	(airect de	טונן שונח נחוצ Form 8668, see Form 8	0403-EU ai	iu Form 88/9-	±∪ for payment	

LHA 523841 Por Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)