Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

<u>A</u>	For the	2020 calendar year, or tax year beginning and endi	ng			
В	Check if applicable:	C Name of organization		D Employer identifie	cation number	
	Address change	HOUSTON PETSET				
	Name change	Doing business as		20-08006	23	
	Initial return	,	n/suite	E Telephone number		
	Final return/	C/O 1302 WAUGH DRIVE 825	5	713-960-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,506,439.	
	Amende return	HOUSION, IX //019		H(a) Is this a group re		
	Applica- tion pending	F name and address of principal officer: ANN KAESEKPIANN		for subordinates	? Yes X No	
_		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions	
<u>J</u>	Website	: ► WWW.HOUSTONPETSET.ORG		H(c) Group exemptio		
			<b>L</b> Year c	of formation: $2003$ $ m N$	State of legal domicile: TX	
Р		Summary				
a	, 1 B	riefly describe the organization's mission or most significant activities: HOUSTON				
Governance		RGANIZATION DEDICATED TO EDUCATING AND PROP				
r.	<b>2</b> C	check this box if the organization discontinued its operations or disposed of	f more t	than 25% of its net ass		
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)			11	
ر	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			11	
V	5 ⊺	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			10	
Ξ	6 T	otal number of volunteers (estimate if necessary)		6	10	
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.	
_	<u>b</u> N	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.	
				Prior Year	Current Year	
4	2 8 C	Contributions and grants (Part VIII, line 1h)		1,303,892.	2,254,164.	
2	9 ₽	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		55.	4,213.	
_	111 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		162,956.	207,459.	
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,466,903.	2,465,836.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		605,166.	445,983.	
		lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ď	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		395,682.	542,620.	
Expenses	2   <b>16</b> a P	Professional fundraising fees (Part IX, column (A), line 11e)		2,000.	0.	
Ž	§ b⊺	otal fundraising expenses (Part IX, column (D), line 25)   164, 295.		205 202	000 684	
ш	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		385,283.	822,671.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,388,131.	1,811,274.	
_		levenue less expenses. Subtract line 18 from line 12		78,772.	654,562.	
Net Assets or			Beg	ginning of Current Year	End of Year	
sset	로 <b>20</b> T	otal assets (Part X, line 16)		481,103.	910,986.	
et A	<b>21</b> T	otal liabilities (Part X, line 26)		3,929.	176,839.	
		let assets or fund balances. Subtract line 21 from line 20		477,174.	734,147.	
	art II			ate and to the best of an	. Lancard and a second back of the	
	•	ies of perjury, I declare that I have examined this return, including accompanying schedules and		•	knowledge and belief, it is	
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer r	nas any knowledge.		
۵.		Signature of officer		I Date		
Sig		,		Duto		
He	re	ANN KAESERMANN, TREASURER Type or print name and title				
_		, -, -,	ΙD	ate Check	PTIN	
Pai		Print/Type preparer's name REBECCA MCELROY  Preparer's signature	I Topapor g Signatumo/\			
	_	Firm's name MADDOX, THOMSON & ASSOCIATES, P.C.		6/4/21   if self-employ	ed P01062925 76-0146530	
		Firm's address 2603 AUGUSTA DRIVE, SUITE 1400		Firm's EIN ▶	10-01#0330	
US	Unity	HOUSTON, TX 77057		Dhone no 71	3-783-4242	
N 4	+b = 150			Priorie no. / 1		
ivia	y the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No	

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HOUSTON PETSET IS A NONPROFIT ORGANIZATION DEDICATED TO ENDING THE
	HOMELESSNESS AND SUFFERING OF COMPANION ANIMALS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$731,809. including grants of \$228,971. ) (Revenue \$1,655,969. )
	TO MAKE A DIFFERENCE IN THE LIVES OF ABANDONED, UNWANTED AND ABUSED
	ANIMALS BY PROVIDING FUNDING AND SUPPORT TO THOSE ORGANIZATIONS
	DEDICATED TO HELPING HOMELESS ANIMALS IN THE CITY OF HOUSTON AND
	GREATER METROPOLITAN AREA FIND FOOD, SHELTER AND VETERINARY TREATMENT,
	THROUGH FUNDRAISING EFFORTS.
	760 966
4b	(Code:) (Expenses \$
	SEE SCHEDULE O
4 -	(Code:) (Expenses \$ 217,012. including grants of \$ 217,012.) (Revenue \$ 217,012.)
4c	
	HOUSTON PETSET IS A FOUNDING PARTNER AGENCY OF THE HARRIS COUNTY ANIMAL
	CRUELTY TASKFORCE, AND CURRENTLY PROVIDES FUNDING FOR TWO OF THE
	TASKFORCE ANIMAL CRUELTY OFFICERS. THE HARRIS COUNTY ANIMAL CRUELTY
	TASKFORCE WAS FORMED WITH THE PRIMARY GOAL OF STREAMLINING THE PROCESS
	OF WHERE AND HOW ANIMAL CRUELTY CAN BE REPORTED IN THE GREATER HOUSTON
	AREA. THE TASKFORCE ACQUIRED 832-927-PAWS AS THEIR PHONE NUMBER IN
	ORDER TO FURTHER STREAMLINE THE REPORTING PROCESS, SPEED UP RESPONSE
	TIMES AND MINIMIZE DUPLICATION OF EFFORTS ACROSS THE COUNTY.
•	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 155,172. including grants of \$ ) (Revenue \$ 10,019.)
4e	Total program service expenses ▶ 1,373,859.
	Form <b>990</b> (2020)

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# Form 990 (2020) HOUSTON PETSET Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
_	Schedule D, Part III	8		
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		<del></del>
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	$\vdash$
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		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	

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Part IV	Checklist of Rec	uired Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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			7.7
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Chack if School up O contains a reconnect or note to any line in this Bott V			
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
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	o o i (continued)								
20	Enter the number of employees reported on Form W.2. Transmittal of Wags and Tay Statements	l I		Yes	No				
Zd	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 10							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions								
32		7	За		х				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?		7c		X				
d	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 co		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g						
g									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8						
9	Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		<u> </u>						
а	Did the agreement in a constitution made and to the distribution and according 40000		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
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?		13a						
	<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	المدا							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	44-		Х				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_^				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		$\vdash$				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.		13		<u> </u>				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х				
	If "Yes," complete Form 4720, Schedule O.								
	, , , , , , , , , , , , , , , , , , , ,			200					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			,,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	1210		
·		12c	х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
.5	statements available to the public during the tax year.	man	,iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	TENA LUNDQUIST-FAUST AND TAMA LUNDQUIST - 713-960-6622			
	4265 SAN FELIPE ST., STE. 1100, HOUSTON, TX 77027			
	TAND DAM FELLIFE DI., DIE. IIUU, MOUDIUM, TA //UZ/		000	(0000

Form 990 (2020) HOUSTON PETSET 20-0800623 Page 7

# 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s bot	n an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TENA LUNDQUIST-FAUST	30.00			.,						0
CO-PRESIDENT	20.00	Х		Х				0.	0.	0.
(2) TAMA LUNDQUIST	30.00	3,7		,,					0	0
CO-PRESIDENT	10 00	Х		Х				0.	0.	0.
(3) ELAINE DAY SECRETARY	10.00	X		х				0.	0.	0.
(4) ANN KAESERMANN	10.00								•	
TREASURER		Х		х				0.	0.	0.
(5) CECILIA ALATRIZ	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(6) TEENA DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SHELLEY EWART	2.00									
DIRECTOR		Х						0.	0.	0.
(8) DR. PURVEZ CAPTAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DR. JONATHAN COOPER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GINA BHATIA	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(11) ELLEN WEITZ	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
		-								
		-								
								<u> </u>		Form <b>990</b> (2020)

Form 990 (2020)	HOUSTON 1									20-08	0062	23	Pa	ge <b>8</b>
Part VII Sect	tion A. Officers, Directors, Trus		oloye	es,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	Posi (do not check r box, unless per			Position (do not check more than one box, unless person is both an officer and a director/trustee)			( <b>D</b> )  Reportable  compensation  from	<b>(E)</b> Reportable compensation from related	1	(F) Estimate amount other		
		(list any hours for related organizations below line)	s for ted ations bw white the part of the				C)	compensation from the organization and related organizations						
					0	Ж	T 9							
											$\perp$			
1b Subtotal									0.		0.			0.
c Total from	continuation sheets to Part VI							<b>&gt;</b>	0.		0.			0.
	per of individuals (including but nation from the organization	ot limited to the	ose I	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		1.	, l	0
_	ganization list any <b>former</b> officer, "Yes," complete Schedule J for s			-		-		_	•	•		3	es	No X
4 For any inc	dividual listed on line 1a, is the suborganizations greater than \$150	ım of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4		Х
rendered to	rson listed on line 1a receive or a othe organization? If "Yes," com										!	5		Х
	pendent Contractors this table for your five highest co	mnensated ind	lener	nder	nt cc	ntra	actor	s th	nat received more than \$	100 000 of comp		n from	<u> </u>	
	zation. Report compensation for (A)											(C)	•	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Com	npens	ation	
2 Total numb	per of independent contractors (i	ncluding but no	ot lim	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	of compensation from the organi	•				0			,					

Form 990 (2020) HOUSTON
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b		-			
ية ق			Fundraising events	1c		-			
ffs,			Related organizations	1d		-			
ig ig				1e		-			
ons,			Government grants (contributions)	<del> </del>		-			
utic		T	All other contributions, gifts, grants, and		25/ 16/				
章			similar amounts not included above $\dots$		<u> 254,164.</u>	-			
ont		-	Noncash contributions included in lines 1a-1f	1g  \$		2 254 164			
O g		n	Total. Add lines 1a-1f			2,254,164.			
	_				Business Code				
<u>ic</u>	2	а							
erv		b							
n S		С							
ran 3ev		d							
Program Service Revenue		е							_
<u>-</u>			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)			4,213.			4,213.
	4		Income from investment of tax-exem	npt bond p	roceeds				
	5		Royalties		<b></b>				
			(1	) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а		ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Je		d	Net gain or (loss)						
ē	8		Gross income from fundraising events (r		,				
용			including \$						
			contributions reported on line 1c). S	- 1					
			Part IV, line 18		248,062.				
		b	Less: direct expenses		40,603.				
			Net income or (loss) from fundraising		<b>&gt;</b>	207,459.			207,459.
	9		Gross income from gaming activities						
	_	_	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac		<b>•</b>				
	10		Gross sales of inventory, less returns						
		u	and allowances	I					
		h	Less: cost of goods sold			-			
$\overline{}$		Ü	Net income or (loss) from sales of in	veniory	Business Code				
ns	44	•			24011033 0000				
Miscellaneous Revenue	11								
llar ven		b							
Sce		Ç	All other revenue			<u> </u>			
Ž			All other revenue						
	40		Total Add lines 11a-11d			2,465,836.	0.	0.	211,672.
	12		<b>Total revenue.</b> See instructions			内,4UJ,0JU・	ı ∪•	ı ∪•∣	△⊥⊥,∪/△•

#### 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**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 445,983. 445,983. 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) 504,230. 253,153. 104,873. 146,204. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 38,390. 18,158. 9,836. 10,396. 10 Payroll taxes Fees for services (nonemployees): Management Legal 42,725. 42,725. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 51,200. 46,200. 5,000 column (A) amount, list line 11g expenses on Sch O.) 2,695. Advertising and promotion 12 6,395. 6,395. Office expenses 13 Information technology 14 15 Royalties 30,891. 30,891. 16 Occupancy 17 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 19,616. 19,616. Depreciation, depletion, and amortization 22 4,162. 4,162. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 269,516. 269,516. SPAY AND NEUTER TRANSPORT AND RESCUE 155,172. 155,172. 83,659. 83,659. GIVE OUR PETS A HAND 81,057. 81,057. **EMERGENCY** 75,583. 67,161. 8,422. e All other expenses 1,811,274. 1,373,859. 273,120. 164,295. 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)

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# Form 990 (2020) Part X Balance Sheet

Par	tλ	Balance Sneet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part XI			(5)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			466,471.	1	710,724
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			2,182.	9	13,750
	10a	Land, buildings, and equipment: cost or other		44 444			
		basis. Complete Part VI of Schedule D		61,433.	446		
	b	Less: accumulated depreciation		28,100.	116.	10c	33,333
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12	71		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	10 224	14	152 100		
	15	Other assets. See Part IV, line 11		12,334.	15	153,108	
	16	Total assets. Add lines 1 through 15 (must e			481,103.	16	910,986
	17	Accounts payable and accrued expenses				17	87,839
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		of Schedule D	•	· .	3,929.	25	89,000
	26	Total liabilities. Add lines 17 through 25		·····	3,929.	26	176,839
	20	Organizations that follow FASB ASC 958, or			3,525.	20	170,033
န္မ		and complete lines 27, 28, 32, and 33.	neck nere				
ĕ	27					27	
Sala	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC					
Ĭ		and complete lines 29 through 33.	, , , , , , , , , , , , , , , , , , , ,				
5	29	Capital stock or trust principal, or current fund	ds		0.	29	0
ets	30	Paid-in or capital surplus, or land, building, or			0.	30	0
Ass	31	Retained earnings, endowment, accumulated			477,174.	31	734,147
Net Assets or Fund Balances	32	Total net assets or fund balances			477,174.	32	734,147
_	33	Total liabilities and net assets/fund balances			481,103.	33	910,986
					, -		Form <b>990</b> (202

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		2,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,81		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47	7,1	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-39	7,5	89.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	73	4,1	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HOUSTON PETSET

20-0800623

			TON PEISEI					0-0000023
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	一	An organization that normal	-					oublic described in
		section 170(b)(1)(A)(vi). (C	-		9			
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)			
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college
•		or university or a non-land-g				-	-	-
		university:	rant conego or agrico	artaro (000 morraotiono).	Lincol tilo	namo, only	, and state of the conege	, 01
10	X	An organization that normal	lly receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membership fees and	d aross receipts from
		activities related to its exem						
		income and unrelated busin		•			* *	-
		See section 509(a)(2). (Cor		(1000 000tion on tax) in	on buomice	oco doqui	rea by the organization t	1101 00110 00, 1070.
11		An organization organized a	•	vely to test for public sa	fety See	section 50	19(a)(4)	
12	Ħ	An organization organized a	•	•	•			nurnoses of one or
-		more publicly supported org	•	•	•		•	
		lines 12a through 12d that						SHOOK THE BOX III
а		Type I. A supporting orga	* *					aivina
u		the supported organization	•	•	•	_		
		organization. You must c			i majority c	in the direc	tors or trastees or the st	apporting
h		Type II. A supporting orga			tion with it	e eunnorte	nd organization(s), by hay	vina
b		control or management of	· ·					•
		organization(s). You mus			arrie perso	iis tilat coi	into of manage the supp	Jorted
_		Type III functionally inte			in connect	tion with	and functionally intograte	nd with
С		its supported organization					• •	with,
d		Type III non-functionally		·				zation(s)
u		that is not functionally int	•					. ,
		requirement (see instructi	-		•		•	7611655
_		Check this box if the orga	•	•	•			
е							Type i, Type ii, Type iii	
f	Ente	functionally integrated, or er the number of supported or		ially integrated supporti	ng organiz	ation.		
'		ride the following information		d organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))	1 1 1 1			

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4,) = 0.10	(2) 23 11	(5) = 5 : 5	(4) = 3 : 3	(5) 2525	(.)
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. /=						
11							
	Gross receipts from related activities,	etc (see instructi	One)			12	
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax			
10	organization, check this box and stop	•			•	. , . ,	ightharpoonup
Se	ction C. Computation of Public						···········
	Public support percentage for 2020 (li		_	column (f))		14	%
	Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
ŀ	<b>33 1/3% support test - 2019.</b> If the co		•				
	and <b>stop here.</b> The organization quali						
172	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te					viriow trie organiz	<b>.</b> —
	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets th						10/0 01
	organization meets the facts-and-circu				· ·		
18	Private foundation. If the organization						
-10	Thrate roundation. If the organization	ii did fiot difect a	DOX OIT III IE 10, 10	a, 100, 17a, 01 17k		edule A (Form 990	

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

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

<u>_</u> .	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	335,380.	1575067.	779,712.	1303892.	2254164.	6248215.
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	179,287.		320,646.	368,852.	248,062.	1116847.
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	514,667.	1575067.	1100358.	1672744.	2502226.	7365062.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						7365062.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	514,667.	1575067.	1100358.	1672744.	2502226.	7365062.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50.	19.	41.	55.	4,213.	4,378.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	, , , , , , , , , , , , , , , , , , ,	50.	19.	41.	55.	4,213.	4,378.
11	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)	514,717.	1575086.	1100399.	1672799.	2506439.	7369440.
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	514,717.	1575086.	1100399.	1672799.	2506439.	7369440.
11 12 13 14	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here	514,717. e organization's fir	1575086。 st, second, third, f	1100399。 ourth, or fifth tax y	1672799 <b>.</b> ear as a section 50	2506439. 01(c)(3) organizatio	7369440.
11 12 13 14 Sec	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here	514 , 717 .  e organization's fir  c Support Per	1575086. st, second, third, f	1100399. ourth, or fifth tax y	1672799 <b>.</b> ear as a section 50	2506439. 01(c)(3) organizatio	7369440.
11 12 13 14 Sec 15	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here  Etion C. Computation of Public	514,717.  The organization's firm of the control of	1575086 • st, second, third, f centage vided by line 13, c	1100399. ourth, or fifth tax y	1672799 • ear as a section 50	2506439. 01(c)(3) organizatio	7369440. in,
11 12 13 14 Sec 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here  Etion C. Computation of Public Public support percentage for 2020 (I	514,717.  e organization's fir  c Support Pero ine 8, column (f), di Schedule A, Part	1575086 • st, second, third, f centage vided by line 13, c II, line 15	1100399.	1672799 • ear as a section 50	2506439. 01(c)(3) organizatio	7369440.
11 12 13 14 Sec 15 16 Sec	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here  Etion C. Computation of Public Public support percentage for 2020 (IPublic support percentage from 2019)	514,717. le organization's fir c Support Pero ine 8, column (f), di Schedule A, Part I	1575086. st, second, third, f centage vided by line 13, c II, line 15	1100399 • ourth, or fifth tax y	1672799 . ear as a section 50	2506439. 01(c)(3) organizatio	7369440.  nn,  99.94 % 100.00 %
11 12 13 14 Sec 15 16 Sec 17	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2020 (Incomputation of Investion D. Computation of Investinest income percentage for 2019 investment income percentage for 2020 (Investment income	514,717. The organization's firm of the s, column (f), dischedule A, Part of the street income 120 (line 10c, column)	1575086. st, second, third, f centage vided by line 13, coll, line 15 Percentage nn (f), divided by lire	1100399.  Ourth, or fifth tax y  olumn (f))	1672799 • ear as a section 50	2506439. 01(c)(3) organizatio	7369440.  nn,  99.94 % 100.00 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2020 (Investment income percentage for 2019)  Investment income percentage from 2019  Investment income percentage from 2019	514,717. The organization's firm of the standard of the standa	1575086. st, second, third, f centage ivided by line 13, c II, line 15 Percentage nn (f), divided by line Part III, line 17	1100399.  ourth, or fifth tax y  olumn (f))	1672799 • ear as a section 50	2506439. 01(c)(3) organizatio	7369440.  99.94 % 100.00 %  .06 % .00 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public Public support percentage from 2019  Ction D. Computation of Investinent income percentage from 2019  Investment income percentage I	514,717.  De organization's firmer S. column (f), dischedule A. Part International Properties (in a 10c, column 2019 Schedule A. International Properties (in a 10c, column 2019 Schedule	1575086. st, second, third, f centage vided by line 13, c II, line 15 Percentage nn (f), divided by line Part III, line 17 ot check the box of	ourth, or fifth tax y	1672799 • ear as a section 50	2506439. 01(c)(3) organizatio	7369440. in, 99.94 % 100.00 %  .06 % .00 % 7 is not
11 12 13 14 15 16 Sec 17 18 19a	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  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.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2020 (Investment income percentage for 2019)  Investment income percentage from 2019  Investment income percentage from 2019	514,717.  The organization's firmer as, column (f), dischedule A, Part Internat Income 120 (line 10c, column 12019 Schedule A, lorganization did not stop here. The organization did not stop here.	1575086 • st, second, third, f  centage vided by line 13, c II, line 15 • Percentage on (f), divided by line Part III, line 17 ot check the box coorganization qualif ot check a box on	ourth, or fifth tax y olumn (f)) ne 13, column (f)) nn line 14, and line ies as a publicly su line 14 or line 19a	1672799. ear as a section 50  15 is more than 33 upported organizat and line 16 is more	2506439. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion e than 33 1/3%, a	7369440. in, 99.94 % 100.00 %  .06 % .00 % 7 is not

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
- GE		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9c		
40		
10a		
10h		
10b		

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?	)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year also a majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	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?		
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).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		$\perp$
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
<u>Secti</u>	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
<u>d</u>	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## 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.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number HOUSTON PETSET 20-0800623

Organization type (check one):

Filers of:	Section:				
Form 990 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 990-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					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributo	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.				
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$\$					
	at isn't covered by the General Rule and/or the Special Rules doesn't 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				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

20-0800623

Name of organization Employer identification number

HOUSTON PETSET

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAN AND SUSAN BOGGIO  8 MOTT LANE HOUSTON, TX 77024	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAN DUNCAN  2980 LAZY LANE  HOUSTON, TX 77019	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DON AND SIDNEY FAUST  3365 DEL MONTE  HOUSTON, TX 77019	\$5,100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE LESTER AND SUE SMITH FOUNDATION  1001 FANNIN ST., STE. 3850  HOUSTON, TX 77002	\$ 28,800.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  LESLIE L. ALEXANDER FOUNDATION  100 E. ATLANTIC AVE., SUITE 320  DELRAY BEACH, FL 33444	\$ 115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RONNIE AND CATHY MATTHEWS  1101 SADDLEBROOK LN  TOMBALL, TX 77375	\$ 182,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HOUSTON PETSET 20-0800623 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ATHLETES & CAUSES/LANCE MCCULLERS JR. 7 FOUNDATION X Person **Payroll** 12551 FRANKLIN RD. 20,000. Noncash (Complete Part II for THONOTOSASSA, FL 33592 noncash contributions.) (a) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 THE FANT FOUNDATION X Person **Payroll** 1322 N. POST OAK 10,000. Noncash (Complete Part II for HOUSTON, TX 77055 noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 BETSY MONTGOMERY X Person **Payroll** 8906 B MEMORIAL DR. 48,300. Noncash (Complete Part II for HOUSTON, TX 77024 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 R E SMITH FOUNDATION X Person Payroll 1900 WEST LOOP S., STE. 1050 10,000. Noncash (Complete Part II for HOUSTON, TX 77027 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 DR. PURVEZ CAPTAIN Person Payroll 5413 LOCH LOMOND 21,670. Noncash (Complete Part II for HOUSTON, TX 77096 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 TRACY FAULKNER X Person **Payroll** 7719 BETTY JANE LN. 5,435. Noncash (Complete Part II for

noncash contributions.)

HOUSTON, TX 77055

Name of organization Employer identification number

HOUSTON PETSET 20-0800623

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		
13	FAUST DISTRIBUTING  10040 EAST FREEWAY  HOUSTON, TX 77029	\$11,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	TENA FAUST  3121 NEWCASTLE DR  HOUSTON, TX 77027	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	DR. PETER FARRELL  9001 SPECTRUM CENTER DR.  SAN DIEGO, CA 92123	\$145,050.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	DON SANDERS  600 TRAVIS ST., SUITE 5900  HOUSTON, TX 77002	\$ 51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	BRANDON SPENCER  23211 CLARESSA CT.  KATY, TX 77494	\$\$6,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	MR. CARY ROBINSON  PO BOX 2073  BELLAIRE, TX 77402	\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

HOUSTON PETSET 20-0800623 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 MS. SANDRA SMITH-COOPER X Person **Payroll** 3310 KATY FRWY, SUITE 360 5,020. Noncash (Complete Part II for HOUSTON, TX 77007 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 SOLOMON EDWARDS GROUP LLC X Person 4 GLENHARDIE CORPORATE CENTER, **Payroll** DRUMMERS LN., STE. 200 5,000. Noncash (Complete Part II for WAYNE, PA 19087 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 MRS. MEKA RIA COXON X Person **Payroll** 38 N. DRAGONWOOD PL. 5,000. Noncash (Complete Part II for THE WOODLANDS, TX 77381 noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 22 WESTBURY ANIMAL HOSPITAL X Person Payroll 4917 S. WILLOW DR. 5,000. Noncash (Complete Part II for HOUSTON, TX 77035 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

HOUSTON PETSET 20-0800623

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** HOUSTON PETSET 20-0800623 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of orga	wization	ions. Complete Part III.		Emn	loyer identification number		
ivairie oi orga	HOUSTON	DEMCEM		Emp	20-0800623		
Part I-A		anization is exempt und	er section 501(c)	or is a section 527 or			
<ul><li>1 Provide</li><li>2 Political</li></ul>	a description of the organiz campaign activity expendit	ation's direct and indirect politic ures gn activities	al campaign activities ir	n Part IV. ► \$	s		
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).			
2 Enter the 3 If the org 4a Was a co	e amount of any excise tax e amount of any excise tax ganization incurred a sectio	incurred by the organization und incurred by organization managin 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	<b>&gt;</b> \$	Yes No		
Part I-C		anization is exempt und	er section 501(c),	except section 501(c	·)(3).		
2 Enter the	e amount directly expended e amount of the filing organ	by the filing organization for se ization's funds contributed to ot	ction 527 exempt functi her organizations for se	ion activities			
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,				
5 Enter the made particular contribution	e names, addresses and em ayments. For each organiza tions received that were pro	nployer identification number (El tion listed, enter the amount paid party) and directly delivered to additional space is needed, proving the space is needed, proving the space is needed, proving the space is needed.	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to whicl ation's funds. Also enter th unization, such as a separat	n the filing organization e amount of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0		

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	1 501(c)(3) and file		ection under
A Check ► if the filing organiza expenses, and shar	e of excess lobbying e		Part IV each affiliated	group member's nam	e, address, EIN,
Limi	ts on Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente					
Not over \$500,000		bying nontaxable ame the amount on line 1e.	ount is:		
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,0	000.	. , ,		
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this  (Some organizations the	o or less, enter -0- o or less, enter -0- ro on either line 1h or l year?  4-Year Ave nat made a section 50	eraging Period Under	ation file Form 4720 Section 501(h) have to complete all o		Yes No elow.
		nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

# Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the lobbying activity.	Yes	No	Amou	nt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?	v		15,	000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			15,	000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 501	on 501(c)(5	), or sec	tion	
501(c)(6).		•		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the control of the contr				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(c)(5	<u>5), or sec</u>	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	l "No" OR	(b) Part I	II-A, line 3	, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total				
		_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
		4		
expenditure next year?				
expenditure next year?  5 Taxable amount of lobbying and political expenditures (See instructions)	<u></u>	5	_	_
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
5 Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information	p list); Part II-	•	nd 2 (See	
5 Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	p list); Part II-	•	nd 2 (See	
5 Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part II-,	•	nd 2 (See	
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part II-	•	nd 2 (See	
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:		A, lines 1 ar		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.		A, lines 1 ar		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,	TO FIX	A, lines 1 ar		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:	TO FIX	A, lines 1 ar		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,  THAT RENDERS THE LAW LARGELY UNENFORCEABLE, AND ALLOW	TO FIX	A, lines 1 ar  AN ELI		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,  THAT RENDERS THE LAW LARGELY UNENFORCEABLE, AND ALLOW	TO FIX	A, lines 1 ar  AN ELI		
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,  THAT RENDERS THE LAW LARGELY UNENFORCEABLE, AND ALLOW INTERVENE IMMEDIATELY WHEN A DOG IS UNLAWFULLY RESTRA	TO FIX OFFICE	A, lines 1 ar  AN ELI  CRS TO	EMENT	
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,  THAT RENDERS THE LAW LARGELY UNENFORCEABLE, AND ALLOW	TO FIX OFFICE	A, lines 1 ar  AN ELI  CRS TO	EMENT	
Taxable amount of lobbying and political expenditures (See instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  SUPPORT OF HOUSE BILL 1156, STATEWIDE TETHERING LAW,  THAT RENDERS THE LAW LARGELY UNENFORCEABLE, AND ALLOW  INTERVENE IMMEDIATELY WHEN A DOG IS UNLAWFULLY RESTRA	TO FIX OFFICE INED, A	A, lines 1 ar  AN ELI  CRS TO	EMENT	

032043 12-02-20

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOUSTON PETSET

**Employer identification number** 20-0800623

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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

Par	rt III Organizations Maintaining C	ollections of Art	t, Histori	ical Tre	asures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check ar	ny of the f	ollowing that	make si	gnificant	use of its	•	
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	е	Otl	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they	further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, histo	rical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organiza	ation's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the or	ganizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for cor	ntributions	s or other ass	ets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	row or cu	ıstodial accou	unt liabili	ty?	$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Y	es" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that a	re held ar	nd administer	ed for th	e organiz	ation		
	by:								\	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	edule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fund	ds.						
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, li	ne 11a. S	ee Form 990,	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	oreciation	ı		
1a	Land									
	Buildings									
	Leasehold improvements				4,970.		4,9			0.
	Equipment	I		5	6,463.		23,1	30.	33	,333.
	Other									
	Add lines to through to (O.)(I)		.,	(a)					33	333

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, lin <b>(b)</b> Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) ACCRUED REVENUE	·		153,108.
(2)			•
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	: 15.)	<b></b>	153,108.
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PPP LOAN PAYABLE			89,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	89,000.
2. Liability for uncertain tax positions. In Part XIII, provide	•		at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check	here if the text of the footnote has been pro	vided in Part XIII

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Schedule D (Form 990) 2020

Pa	rt XI Reconciliation of Revenue per Audited Financia	ا Statements With Revenue	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lint XII Reconciliation of Expenses per Audited Financia	ine 12.)	5	
Га			s per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a		l l		
b				
C				
d	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
e	3			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a				
b C			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I.			
	irt XIII Supplemental Information.	me 16.j		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines 1b and 2b: Part	V. line 4: Part X. line 2: Part XI.	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	•	-,,,,,	
		······································		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification numb						ntification number		
							20-0800623	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribi	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration	

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr					
		<u> </u>	(a) Event #1 2020 SOIREE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
nue			, ,,,	, ,,			
Revenue	1	Gross receipts	248,062.			248,062.	
_	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	248,062.			248,062.	
	4	Cash prizes					
	5	Noncash prizes	2,575.			2,575.	
benses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	4,708.			4,708.	
Ö		Entartainment	9 928			9 928	
	8 9	Entertainment Other direct expenses	9,928.			9,928. 23,392.	
	10				<b>•</b>	40,603.	
	11		. ,			207,459.	
Pa	rt I	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.	_	T	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
3eve							
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>		
_	Гп	tor the state(s) is which the evacuization condu	unto gomina antivitiani				
Enter the state(s) in which the organization conducts gaming activities:     a Is the organization licensed to conduct gaming activities in each of these states?							
		No," explain:	ctivities in each of these s	states:		Yes No	
~							
	_						
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No	
		, <del></del>					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 99	90 or 990-EZ) 2020 HOUSTON PETSET	20-0800623	Page 3
11 Does the organi	zation conduct gaming activities with nonmembers?	Yes	☐ No
	on a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	naritable gaming?	Yes	No
	centage of gaming activity conducted in:		
	n's facility	13a	%
	ity		
14 Enter the name	and address of the person who prepares the organization's gaming/special events books and record	is:	
Name -			
Name -			
Address >			
Address			
15a Does the organi	zation have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
_			
<b>b</b> If "Yes," enter the	ne amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
	nue retained by the third party > \$		
	ame and address of the third party:		
-	and and doctor in a fine party.		
Name >			
Address -			
16 Gaming manage	er information:		
Name 🕨			
Gaming manage	er compensation > \$		
Description of s	ervices provided		
Director/	officer Employee Independent contractor		
Director/	Imployee maspendent contractor		
17 Mandatory distr	ibutions		
•	ion required under state law to make charitable distributions from the gaming proceeds to		
· ·		Yes	□ Na
	gaming license?		∟ No
	nt of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
	wn exempt activities during the tax year > \$		<u> </u>
	emental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9,	, 90, 100,
15b, 15	c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	HOUSTON PETSET	20-0800623	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)		
		(continuos)		
				-
				-
				-
				-

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
HOUSTON P							20-0800623
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records t					-		
criteria used to award the grants or assis	tance?						X Yes  No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$					(f) Method of	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 0.5
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBERTS DOG LOUNGE							
N7285 WOODFIELD LN.							
WHITEWATER, WI 53190	82-1515568	501(C)(3)	5,000.	0.			OPERATING COSTS
ABANDONED ANIMAL RESCUE							
PO BOX 1206	04 2424576	E01/G)/2)	2 000	0			MEDICAL AND BEHAVIOR CARE
TOMBALL, TX 77377	94-3424576	501(C)(3)	3,000.	0.			TO PREPARE FOR ADOPTION
ADORE HOUSTON							FUNDING TO SUPPORT
5225 KATY FREEWAY, SUITE 500							PROGRAMS FOR FAMILIES IN
HOUSTON, TX 77007	45-2828055	501(C)(3)	4,000.	0.			NEED
,			, -	-			
ANIMAL ALLIANCE OF GALVESTON							
COUNTY - PO BOX 627 - LA MARQUE,							
TX 77568	46-0499199	501(C)(3)	5,000.	0.			SPAY/NEUTER PROGRAMMING
AMERICAN CANCER SOCIETY							
250 WILLIAMS STREET NW	10 1500101	504 (5) (0)	500				VET SERVICES FOR
ATLANTA, GA 30303	13-1788491	501(C)(3)	500.	0.			REHABILITATION PROGRAM
A DOBERMAN ADOPTION PLACEMENT TEAM							
21995 BLAZING TRAIL							FUNDING FOR RESCUE AND
NEW CANEY, TX 77357	27-2722971	501(C)(3)	2,000.	0.			SPAY/NEUTER COSTS
2 Enter total number of section 501(c)(3) ar			, ,	· ·		1	<b>▶</b> 76.
3 Enter total number of other organizations							1.
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) 2020

<u>Schedule I (Form 990)</u> **HOUSTON PETSET** 20-0800623

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BAILEY ANIMAL RESCUE TRUST 1610 WINDING CANYON CT.							VET SERVICES, REHABILITATION AND		
KATY, TX 77493	47-6842847	501(C)(3)	1,000.	0.			STAY/NEUTER COSTS		
HOUSTON K-911 RESCUE									
12114 SILVER CREEK DR. HOUSTON, TX 77070	47-3056587	501(C)(3)	6,000.	0.			FUNDING FOR TNR PROGRAMMING		
K-9 ANGELS RESCUE 9415 WINSOME LANE HOUSTON, TX 77063	45-3710037	501/61/31	10,000.	0.			FUNDING FOR SPAY/NEUTER VOUCHER PROGRAM IN TARGETING NEIGHBORHOODS		
BLUEBONNET EQUINE HUMANE SOCIETY PO BOX 632	43-3/1003/	301(0)(3)	10,000.	0.			GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER,		
COLLEGE STATION, TX 77841	84-1673775	501(C)(3)	2,000.	0.			AND EDUCATION		
LOLA'S LUCKY DAY, INC. 3410 WESTMINISTER							FUNDING FOR TRANSPORT		
PEARLAND, TX 77581	47-2763680	501(C)(3)	4,000.	0.			COSTS		
TEXAS LITTER CONTROL PO BOX 32537 SPRING, TX 77383	46-0920592	501(C)(3)	7,000.	0.			FUNDING FOR SPAY/NEUTER VOUCHER PROGRAMMING		
BUSTER'S FRIENDS 6080 S HULEN STREET, PMB 388, STE. FORT WORTH, TX 76132	27-0747367	501(C)(3)	1,000.	0.			GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER, AND EDUCATION		
ANIMAL JUSTICE LEAGUE PO BOX 924331							GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER,		
HOUSTON, TX 77292	47-3225789	501(C)(3)	4,000.	0.			AND EDUCATION		
ANIMAL SHELTER VOLUNTEERS OF TEXAS, INC PO BOX 476 -									
MONTGOMERY, TX 77356	27-2014878	501(C)(3)	2,500.	0.			OPERATING COSTS		

Schedule I (Form 990)

20-0800623

HOUSTON PETSET

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BARRIO DOGS P.O. BOX 230677 HOUSTON, TX 77223	27-2233574	501(C)(3)	6,000.	0.			"FIX IT!" PROGRAM TO SPAY/NEUTER AND OFFER VET SERVICES TO LOW-INCOME RESIDENTS	
BAY AREA PET ADOPTIONS 3000 AVENUE R SAN LEON, TX 77539	23-7011759	501(C)(3)	2,500.	0.			FUNDING FOR BEHAVIOR	
PUP SQUAD ANIMAL RESCUE 448 W. 19TH ST. #262 HOUSTON, TX 77008	26-3396615	501(C)(3)	1,250.	0.			OPERATING COSTS	
CITIZENS FOR ANIMAL PROTECTION, INC 17555 KATY FREEWAY - HOUSTON, TX 77094	23-7296260	501(C)(3)	4,000.	0.			FUNDING TO CARE FOR ANIMALS AS THEY PREPARE FOR ADOPTION	
CAPE KITTY RESCUE 971 KINGS WAY COLDSPRING, TX 77331	46-3195057	501(C)(3)	2,000.	0.			GENERAL FUNDING FOR MEDICAL COSTS AND SPAY/NEUTER	
BEST FRIENDS FUREVER 8106 TATTERSHALL CIR HUMBLE, TX 77338	26-3406230	501(C)(3)	1,000.	0.			OPERATING COSTS	
CHANCES DOG RESCUE AND RELOCATION 59 FLORHAM PARK DRIVE SPRING, TX 77379	81-5144265	501(C)(3)	2,500.	0.			OPERATING COSTS	
CORRIDOR RESCUE, INC. PO BOX 11936 SPRING, TX 77391	27-1168389	501(C)(3)	4,000.	0.			FUNDING FOR CARE OF ANIMALS AS THEY PREPARE FOR ADOPTION	
CRIMESTOPPERS OF HOUSTON, INC. P.O. BOX 541654 HOUSTON, TX 77254	74-2137744	501(C)(3)	5,000.	0.			SAFE COMMUNITY PROGRAM	

<u>Schedule I (Form 990)</u> **HOUSTON PETSET** 20-0800623

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR ANIMALS OF MIDLAND							
ODESSA, INC. "CAMO RESCUE" - 1085							
HIGH MEADOW RANCH DR MAGNOLIA,	46 5406000	504 (5) (0)					FUNDING FOR EFFORTS TO
TX 77355	46-5486022	501(C)(3)	2,500.	0.			BUILD A NEW FACILITY
FRIENDS OF BARC, INC.							
P.O. BOX 70315							FUNDING FOR X-RAY MACHINE
HOUSTON, TX 77270	75-3096252	501(C)(3)	2,500.	0.			COSTS
FREEDOM COLLIE RESCUE, INC.							GENERAL FUNDING FOR
4771 SWEETWATER BLVD. #111							RESCUE, MEDICAL, FOSTER,
SUGAR LAND, TX 77479	80-0953255	501(C)(3)	1,000.	0.			AND EDUCATION
FREEDOM STREET RESCUE							GENERAL FUNDING FOR
407 ARLINGTON ST.							RESCUE, MEDICAL, FOSTER,
	46-3269075	E01/G\/2\	1 500	0.			AND EDUCATION
HOUSTON, TX 77007	40-3209073	501(C)(3)	1,500.	0.			AND EDUCATION
GOLDEN BEGINNINGS GOLDEN RETRIEVER							GENERAL FUNDING FOR
RESCUE - P.O. BOX 19848 - HOUSTON,							FOSTER COSTS AND
TX 77224	76-0605942	501(C)(3)	1,000.	0.			SPAY/NEUTER COSTS
			,				
CYPRESS LUCKY MUTT RESCUE							
15922 JUNEAU LN							FUNDING FOR TRANSPORT
JERSEY VILLAGE, TX 77040	46-4636197	501(C)(3)	2,500.	0.			PROGRAMMING
GREAT DANE RESCUE OF SOUTHEAST							CENEDAL EUNDING EOD
TEXAS - 854 SILVERPINES ROAD -							GENERAL FUNDING FOR FOSTER COSTS AND
	26-4333441	E01/G\/2\	1,000.	0.			
HOUSTON, TX 77062	26-4333441	501(C)(3)	1,000.	٠.			SPAY/NEUTER COSTS
GREATER HOUSTON GERMAN SHEPHERD							GENERAL FUNDING FOR
RESCUE - PO BOX 610150 - HOUSTON,							FOSTER COSTS AND
TX 77208-0150	36-4624376	501(C)(3)	1,000.	0.			SPAY/NEUTER COSTS
			, ,				GENERAL FUNDING TO
HARRIS COUNTY PRECINCT 5							CONTINUE INVESTIGATION
CONSTABLES FOUNDATION - 17423 KATY							AND RECOVERY OF ABUSED
FREEWAY - HOUSTON, TX 77094	82-5319090	501(C)(3)	217,012.	0.			ANIMALS

Schedule I (Form 990)

20-0800623

HOUSTON PETSET

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ABBIES ANGELS DBA GOOD LIF3 BULLY RESCUE - 17103 FLOWER MIST CT - TOMBALL, TX 77377	81-0838365	501(C)(3)	3,750.	0.			FUNDING FOR MEDICAL COSTS TO GROW FOSTER PROGRAM		
HONORING HOPE & FAITH RESCUE PO BOX 6748 HOUSTON, TX 77265	46-5050542	501(C)(3)	1,000.	0.			GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER, AND EDUCATION		
HOMELESS & ORPHANED PETS ENDEAVOR PO BOX 273331 HOUSTON, TX 77277	76-0618317	501(C)(3)	5,250.	0.			FUNDING FOR TNR PROGRAMMING		
HOUSTON HUMANE SOCIETY PO BOX 0528 HOUSTON, TX 77245	74-1340341	501(C)(3)	2,000.	0.			FUNDING FOR CRUELTY PREVENTION EFFORTS		
HOUSTON PETS ALIVE! PO BOX 36128 HOUSTON, TX 77236	46-5455638	501(C)(3)	1,000.	0.			FUNDING FOR RESCUE PROGRAM, SPAY/NEUTER, AND EMERGENCY SURGERY SUPPORT		
INTERFAITH MINISTRIES OF GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	3,200.	0.			ANIMEALS ON WHEELS PROGRAM		
JACINTO DOG POUND RESCUE 2130 PLAZA CIRCLE CROSBY, TX 77532	82-3484188	501(C)(3)	2,500.	0.			GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER, AND EDUCATION		
JOYRIDES RESCUE 2726 BISSONNET ST. #240-398 HOUSTON, TX 77005	81-1602560	501(C)(3)	2,000.	0.			FUNDING FOR TRANSPORT PROGRAMMING		
GREATER HOUSTON COMMUNITY FOUNDATION - 515 POST OAK BLVD. SUITE 1000 - HOUSTON, TX 77027	23-7160400	501(C)(3)	721.	0.			GENERAL FUNDING INTENDED FOR LOCAL ANIMAL RESCUE		

<u>Schedule I (Form 990)</u> HOUSTON PETSET 20 – 0800623

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGPIES AND PEACOCKS INC 908 LIVE OAK ST. HOUSTON, TX 77003	45-4665467	501(C)(3)	4,180.	0.			GENERAL FUNDING FOR CREATION OF SUSTAINABLE ANIMAL CLOTHING
MAGNOLIA EXOTIC BIRD SANCTUARY, INC 19703 TURTLE CREEK LN MAGNOLIA, TX 77355	27-4734382	501(C)(3)	1,000.	0.			OPERATING COSTS
MERCY PET CLINIC 2525 SUNSET BLVD. HOUSTON, TX 77005	82-2545814	501(C)(3)	2,500.	0.			OPERATING COSTS
OPERATION PETS ALIVE 175 N. TAYLOR POINT DR. THE WOODLANDS, TX 77382	27-4226307	501(C)(3)	1,000.	0.			FUNDING TO CARE FOR ANIMALS AS THEY PREPARE FOR ADOPTION
OUR PET PROJECT INC 20806 KINGS CROWN CT. HUMBLE, TX 77346	82-2456491	501(C)(3)	1,000.	0.			OPERATING COSTS
PET RESCUE TEAM, INC. 16114 MANOR POINT DR. HOUSTON, TX 77095	81-1551636	501(C)(3)	4,120.	0.			OPERATING COSTS AND FACILITY SUPPORT
PUG HEARTS, THE HOUSTON PUG RESCUE PO BOX 5053 ALVIN, TX 77512	42-1722411	501(C)(3)	1,000.	0.			OPERATING COSTS
RED COLLAR RESCUE, INC. 945 MCKINNEY ST. #424 HOUSTON, TX 77002	26-0739327	501(C)(3)	6,500.	0.			FUNDING FOR ANIMAL CRUELTY SURVIVORS AND CRUELTY PREVENTION PROGRAMS
HELPING PAWS IN CHAMBERS COUNTY P.O. BOX E ANAHUAC, TX 77514	83-4664639	501(C)(3)	6,000.	0.			FUNDING FOR MASH-STYLE SPAY/NEUTER EVENT FOR CHAMBERS COUNTY RESIDENTS

Schedule I (Form 990)

<u>Schedule I (Form 990)</u> HOUSTON PETSET 20-0800623

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
S.A.V.E. RESCUE COALITION							FUNDING FOR SPAY/NEUTER EFFORTS FOR LOW INCOME	
PO BOX 790							RESIDENTS IN GALVESTON	
SANTA FE, TX 77517	45-4982602	501(C)(3)	5,000.	0.			COUNTY	
JAKE'S HOUSE OF ANIMAL RESCUE								
9324 LAKE CONROE DR.								
CONROE, TX 77304	84-3401011	501(C)(3)	1,000.	0.			OPERATIONAL COSTS	
SAVING OUR COMPANION ANIMALS FT.								
BEND CTY - PO BOX 1595 -								
ROSENBERG, TX 77471	47-2809673	501(C)(3)	3,000.	0.			TRANSPORT PROGRAMMING	
·			,					
SECOND CHANCE PETS								
P.O. BOX 1216							FUNDING FOR TNR	
LEAGUE CITY, TX 77574	76-0463217	501(C)(3)	3,000.	0.			PROGRAMMING	
RESCUED PETS MOVEMENT INC								
2317 WEST 34TH STREET	46 2700227	E01/G)/2)	4 000	_			TRANSPORT PROGRAMMENT	
HOUSTON, TX 77018	46-3708327	501(C)(3)	4,000.	0.			TRANSPORT PROGRAMMING	
SOUTHERN COMFORTS ANIMAL RESCUE								
PO BOX 1753								
SANTA FE, TX 77510	36-4669590	501(C)(3)	2,000.	0.			OPERATING COSTS	
CDECTAI DAIC INC							FUNDING FOR PURCHASE OF	
SPECIAL PALS, INC. PO BOX 841605							EQUIPMENT TO EXPAND	
HOUSTON, TX 77284	74-2050052	501(C)(3)	4,000.	0.			SPAY/NEUTER OFFERINGS	
100010N, 1X 77204	74 2030032	301(0)(3)	1,000.	· ·			STAIT, NEGTEN GITTENINGS	
STRETCH FOR STRAYS, INC.								
2226 BAUER DR.								
HOUSTON, TX 77080	81-3782897	501(C)(3)	2,750.	0.			OPERATING COSTS	
IMN PELINE DECOME							EUNDING TO CARE FOR	
LMN FELINE RESCUE P.O. BOX 600							FUNDING TO CARE FOR ANIMALS AS THEY PREPARE	
HUFFMAN, TX 77336	26-4180772	501(C)(3)	2,500.	0.			FOR ADOPTION	
HOFFMAN, TA //330	20-4100//2	DOT(C)(3)	2,300.	U.			FOR ADOLLION	

Schedule I (Form 990)

<u>Schedule I (Form 990)</u> HOUSTON PETSET 20 – 0800623

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEXAS WOLFDOG PROJECT 24874 WEEREN RD MONTGOMERY, TX 77316	46-3103832	501(c)(3)	1,000.	0.			OPERATING COSTS		
LOVING ARMS PET PLACEMENT P.O. BOX 940877 HOUSTON, TX 77094	37-1562134	501(c)(3)	1,500.	0.			OPERATING COSTS		
THREE LITTLE PITTIES 203 LAUREL DR., STE. A FRIENDSWOOD, TX 77546	82-4437410	501(C)(3)	6,500.	0.			FUNDING FOR SPAY/NEUTER SURGERY PROGRAM		
UNITY FOR A SOLUTION, INC. PO BOX 131801 HOUSTON, TX 77007	82-1681609	501(C)(3)	6,000.	0.			FUNDING FOR "BIG FIX" PROGRAMMING		
PEARLAND PARVO RECOVERY CENTER 6802 KREUZER ST. MANVEL, TX 77578	84-2648345	501(C)(3)	2,500.	0.			OPEARTING COSTS		
SONOMAS HAVEN INC 6738 FM 2187 RD SEALY, TX 77474	47-4306884	501(C)(3)	2,500.	0.			OPERATING COSTS		
SPAY AND NEUTER INITIATIVE PROGRAM 5015 FARMER RD ALVIN, TX 77511	81-2630297	501(C)(3)	3,000.	0.			FUNDING FOR SNIP AND CLIP		
SCHNAUZER & FRIENDS RESCUE INC. PO BOX 8583 SPRING, TX 77387	47-1256143	501(C)(3)	1,000.	0.			OPERATING COSTS		
SCOUT'S HONOR RESCUE, INC. 1302 WAUGH DR. #245 HOUSTON, TX 77019	87-0773073	501(c)(3)	2,000.	0.			OPERATING COSTS		

Schedule I (Form 990)

15,000. 1,500. 2,500.	(e) Amount of non-cash assistance  0.	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance  PROMOTE PROTECTIVE ANIMAI LEGISLATION, "UNLAWFUL RESTRAINT OF DOGS"  OPERATING COSTS  FUNDING FOR SPAY/NEUTER EFFORTS AND HOSPICE CARE  PROMOTE GOOD STEWARDSHIP AND NON-VIOLENCE
1,500. 2,500.	0.			LEGISLATION, "UNLAWFUL RESTRAINT OF DOGS"  OPERATING COSTS  FUNDING FOR SPAY/NEUTER EFFORTS AND HOSPICE CARE  PROMOTE GOOD STEWARDSHIP
2,500.	0.			FUNDING FOR SPAY/NEUTER EFFORTS AND HOSPICE CARE PROMOTE GOOD STEWARDSHIP
,				EFFORTS AND HOSPICE CARE PROMOTE GOOD STEWARDSHIP
250.	0.			
			1	
500.	0.			GENERAL FUNDING FOR RESCUE, MEDICAL, FOSTER, AND SPAY/NEUTER
2,500.	0.			FUNDING FOR SPAY/NEUTER
2,500.	0.			FUNDING FOR MEDICAL SUPPORT FOR INJURED ANIMALS
4,000.	0.			FUNDING TOWARDS EFFORTS TO UPGRADE EMERGENCY INTAKE SHELTER

Schedule I (Form 990) 2020 HOUSTON PETSET 20-0800623 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
PART I, LINE 2:					
HOUSTON PETSET SOIREE REVENUE GRAN	TEES ARE	REQUIRED '	TO PROVIDE	A POST-GRANT	
REPORT PRIOR TO SUBMITTING ANOTHER	R GRANT RE	QUEST ANN	UALLY. AWA	RD LETTERS	
INSTRUCT GRANTEES TO CONTACT HOUS	ON PETSET	IF THE O	RGANIZATION	IS UNABLE	
TO PERFORM THE DUTIES OR PROGRAMS	AS DESCRI	BED IN OR	IGINAL REQU	EST.	
HOUSTON PETSET MAINTAINS ONGOING N	MONITORING	OF AND CO	OMMUNICATIO	N WITH	
GRANTEES THROUGHOUT THE YEAR.					

### **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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

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.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AT THE BEGINNING OF 2020, HOUSTON PETSET PARTNERED WITH FIDO FIXERS TO

LEASE THEIR MOBILE VETERINARY UNIT. IN CONJUNCTION WITH LOLA'S LUCKY

DAY AND LAUREL'S HOUSE, HOUSTON PETSET STATIONED THE MOBILE UNIT IN THE

SUNNYSIDE AREA OF HOUSTON, AND OFFERED CITIZENS WITH PETS IN ZIP CODES

WITH THE HIGHEST SHELTER INTAKE THE OPPORTUNITY TO RECEIVE FREE SPAY

AND NEUTER AND BASIC WELLNESS SERVICES. IN 2020, 2,909 ANIMALS WERE

SPAYED OR NEUTERED AT NO COST TO THEIR OWNERS.

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

HOUSTON PETSET FACILITATES MONTHLY TRANSPORTS OF ANIMALS TO RESCUE

PARTNERS IN THE MIDWEST. IN 2020, HOUSTON PETSET TRANSPORTED MORE THAN

2,229 PETS TO THEIR FOREVER HOMES. WITH ADDED TRANSPORT CAPACITY, THE

ORGANIZATION COULD POTENTIALLY SAVE THE LIVES OF AN ADDITIONAL 3,000

OTHERWISE UNWANTED ANIMALS.

EXPENSES \$ 155,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,019.

FORM 990, PART VI, SECTION A, LINE 2:

CO-PRESIDENTS ARE SISTERS.

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

THE BOARD AND FINANCE COMMITTEE REVIEW THE FORM 990, AS WELL AS SELECT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization HOUSTON PETSET	Employer identification number 20-0800623
SENIOR STAFF.	
FORM 990, PART VI, SECTION B, LINE 12C:	
FORMS SENT TO FINANCE COMMITTEE FOR APPROVAL. THE FINANCE	CE COMMITTEE
REVIEWS AND DISCUSSES FORMS AT MONTHLY MEETINGS. ONCE A	PPROVED, FORMS
ROUTED TO THE FULL BOARD. STAFF SIGN A CONFLICT OF INTER	REST FORM ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:	
HOUSTON PETSET DOES NOT MAKE THIS INFORMATION AVAILABLE	TO THE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
THE ORGANIZATION CHANGED TO FUND ACCOUNTING BEGINNING	
JANUARY 1, 2020	-397,589.

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Identifying number

	STON PETSET				990 PA			20-0800623
Par	t I Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have a	ny listed	property, co	mplete Part		
<b>1</b> M	aximum amount (see instructions)	1	1,040,000.					
<b>2</b> To	otal cost of section 179 property place							
3 Th	nreshold cost of section 179 property	before reduction	in limitation					2,590,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0					
<b>5</b> Do	ollar limitation for tax year. Subtract line 4 from line	5						
6	(a) Description of pro-	cost						
	sted property. Enter the amount from						T	
	otal elected cost of section 179 prope							
	entative deduction. Enter the <b>smaller</b>							
	arryover of disallowed deduction from	•						
	usiness income limitation. Enter the s							
	ection 179 expense deduction. Add li						12	
	arryover of disallowed deduction to 2		•		13			
	Don't use Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·					
Par	Operation 2 operation / morre		•			-		
<b>14</b> S	pecial depreciation allowance for qua	ified property (oth	ner than listed property	/) placed	l in service d	uring		
	e tax year							
<b>15</b> Pi	roperty subject to section 168(f)(1) ele	ction						
	ther depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Don't	include listed pro		s.)				
			Section A					
	ACRS deductions for assets placed in	•	• •				17	65.
18 If y	you are electing to group any assets placed in servi					► <u> </u>		
	Section B - Assets	(b) Month and	e During 2020 Tax Ye		g the Gener	rai Deprecia	tion Syste	<u>m</u>
	(a) Classification of property	year placed in service	(business/investment us only - see instructions)	se	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property		52,78			+		
c			52,70	7. 5	YRS.	HY	200DB	19,551.
d	7-year property		32,70	7. 5	YRS.	НУ	200DB	19,551.
	7-year property 10-year property		32,70	7. 5	YRS.	НУ	200DB	19,551.
<u>е</u>			32,10	7. 5	YRS.	НҮ	200DB	19,551.
	10-year property		32,10	7. 5	YRS.	НҮ	200DB	19,551.
e	10-year property 15-year property		32,10	7. 5	YRS.	HY	200DB S/L	19,551.
e f g	10-year property 15-year property 20-year property 25-year property	/	32,10			HY	S/L S/L	19,551.
e	10-year property 15-year property 20-year property	/	32,10		25 yrs.		S/L	19,551.
e f g	10-year property 15-year property 20-year property 25-year property Residential rental property	/ /	32,10		25 yrs. 27.5 yrs.	MM	S/L S/L S/L S/L	19,551.
e f g	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property				25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
e f g	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ / / / / / / / / / / / / / / / / / /	During 2020 Tax Yea		25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L	
e f g	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ / / / / / / laced in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna	MM MM MM	S/L S/L S/L S/L S/L s/L ation Syst	
e f g h	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	/ / // // /Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna	MM MM MM MM tive Depreci	S/L	
e f g h i	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	/ // // // // // // // // // // // // /			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs.	MM MM MM	S/L S/L S/L S/L S/L s/L ation Syst	
e f g h i 20a b c d	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year	/ // // // // // // // // // // // // /			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna	MM MM MM MM tive Depreci	S/L	
e f g h i 20a b c d Par	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year \$\text{t IV} \text{ Summary (See instructions.)}	/			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs.	MM MM MM tive Depreci	S/L	
e f g h i 20a b c d Par	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.)	/ /	During 2020 Tax Yea	ar Using	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs. 40 yrs.	MM MM MM tive Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
e f g h i 20a b c d Par	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year \$\text{t IV} \text{ Summary (See instructions.)}	/ /	During 2020 Tax Yea	ar Using	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs. 40 yrs.	MM MM MM tive Depreci	S/L	tem
e f g h i 20a b c d Parr 21 Li 22 To	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines neer here and on the appropriate lines	/ / 228	During 2020 Tax Yea	ar Using	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs. 40 yrs.	MM MM MM tive Depreci	S/L	
e f g h i 20a b c d Par 21 Li 22 To Er 23 Fo	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines	/ /228	During 2020 Tax Yea  less 19 and 20 in column artnerships and S corp accurrent year, enter the	ar Using  un (g), an orations e	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. the Alterna 12 yrs. 30 yrs. 40 yrs.	MM MM MM tive Depreci	S/L	tem

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A. Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)  42 Bo you have the ubunicast first that us claimed? Yes No 28 Bit Yes, 1 Set Quit Yes On 19 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Yes On 19 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the property of the passenger automobiles. Yes No 29 Bit Province of the passenger automobiles. Yes No 29		24b, columns	<del>\  \  \  \  \  \  \  \  \  \  \  \  \  </del>											<b>,</b> ,		
(g) Type of inperty placed in Businessi of Coal or placed in Substitution (and the placed in Businessi of Coal or placed in Substitution (and the placed in Businessi of Coal or placed in Substitution (and the placed in Sub		Section A	<ul> <li>Depreciation</li> </ul>	on and Other	Informa	tion (Ca	ution:	See the i	nstruc	tions for li	mits for	passeng	er autor	nobiles.	)	
Type of property (file twelticisters) placed in service that of the property placed in service during the tax year and used more than 50% in a qualified business use.  25 Special depreciation allowance for qualified istad property placed in service during the tax year and used more than 50% in a qualified business use.  26 Property used more than 50% in a qualified business use:  27 Property used more than 50% in a qualified business use:  28 Property used software than 50% in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  20 Property used 50% or less in a qualified business use:  20 Property used 50% or less in a qualified business use:  21 Property used 50% or less in a qualified business use:  22 Property used 50% or less in a qualified business use:  23 Add amounts in column (i), lines 26 Enter here and on line 21, page 1  24 Section 8 - Information on Use of Vehicles  25 Section 6 - Information on Use of Vehicles  26 Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  27 Total business/investment miles driven during the year and of the personal (noncommuting) miles of the personal (noncommuting) the year.  28 Add and the personal (noncommuting) the year and the year	<u>24a</u>	Do you have evidence to	support the bu	siness/investme	ent use cla	aimed?	<u> </u>	es _	No	<b>24b</b> If "Y	es," is th	ne evide	nce writ	ten?	] Yes [	No
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Form **4562** (2020)