Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change HOUSTON PETSET Name change 20-0800623 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated C/O 1302 WAUGH DRIVE 825 713-960-6622 3,111,703. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 77019 HOUSTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANN KAESERMANN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HOUSTONPETSET.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other . Year of formation: 2003 **M** State of legal domicile: TXTrust Association Part I Summary Briefly describe the organization's mission or most significant activities: HOUSTON PETSET IS A NON-PROFIT Activities & Governance ORGANIZATION DEDICATED TO EDUCATING AND PROMOTING PUBLIC AWARENESS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,212,351. 1,923,244. Contributions and grants (Part VIII, line 1h) 8 0. Ο. Program service revenue (Part VIII, line 2g) 14,416. 37,286. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 139,989. 890,470. 11 2,366,756. 2,851,000. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 539,600. 463,128. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 320,351. 285,203. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,915,551. 1,794,081. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,654,032. 2,663,882. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -287,276. 187,118. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,579,081. 1,760,169. Total assets (Part X, line 16) 55,554. 49,524. 21 Total liabilities (Part X, line 26) 三年 523,527. 710,645 Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANN KAESERMANN, TREASURER Type or print name and title

Here Date PTIN Preparer's signature Print/Type preparer's name 5/13/24 P01062925 Paid REBECCA MCELROY THOMSON & ASSOCIATES, P.C. MADDOX, Firm's EIN 76-0146530 Preparer Firm's name Firm's address 2603 AUGUSTA DRIVE, SUITE 1400 Use Only Phone no. 713-783-4242 HOUSTON, TX 77057 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2023) 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ٽ		
'	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>			122
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	····		
124	, ,	12a		x
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		122
D	, 1	406		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	J			

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Form 990 (2023) HOUSTON PETSET

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		125
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			1,7
٠.	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			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	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	33		
5.	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
۔ ف	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	
	(3=	_ 10		(2022)

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
Ū	and the second section is a second section as a section of the second section of the second	8		
9	sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the appropriate appropriation makes and to the distributions and appropriate 40000	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:	35		
10	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders 11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
b	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_		1		
		140		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "Ne " provide on explanation on School to O	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\vdash^{Δ}
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TENA LUNDQUIST-FAUST AND TAMA LUNDQUIST - 713-960-6622

Form **990** (2023)

4265 SAN FELIPE ST., STE. 1100, HOUSTON,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	ed organization compensate (C) Position						(D)	(E)	(F)
Name and title	Average	(do				IION nore than one		Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GENEVIEVE KEILLOR	40.00	트	=	0	ž	工品	F			
VETERINARIAN						x		150,000.	0.	0.
(2) TENA LUNDQUIST-FAUST	50.00									
CO-PRESIDENT		Х		Х				0.	0.	0.
(3) TAMA LUNDQUIST	50.00									
CO-PRESIDENT		Х		Х				0.	0.	0.
(4) ELAINE DAY	1.00]								
DIRECTOR		Х						0.	0.	0.
(5) ANN KAESERMANN	15.00	1							_	_
TREASURER		Х		Х				0.	0.	0.
(6) CECILIA ALATRIZ	1.00	ļ								
DIRECTOR	15.00	Х						0.	0.	0.
(7) DR. PURVEZ CAPTAIN	15.00	٠,,		,,						
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(8) DR. JONATHAN COOPER DIRECTOR	1.00	х						0.	0.	0.
(9) ELLEN WEITZ	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) SANDRA SMITH COOPER	1.00							· ·		•
DIRECTOR		х						0.	0.	0.
(11) HANNAH RICHARD-MOLINA	10.00									
SECRETARY		Х		х				0.	0.	0.
(12) MR. KIM HALES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMIE SPARACINO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MAGGIE GUENTHER	1.00]								
DIRECTOR		Х						0.	0.	0.
(15) DUNCAN STEWART	1.00	l							_	_
DIRECTOR	1 22	Х						0.	0.	0.
(16) SAMUEL COOPER	1.00	ļ							_	_
DIRECTOR		Х	_					0.	0.	0.
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(A) Name and title Average Pours per Vest	ı aı	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,	T	-
The Subtotal Description of Information and other to repartation or related or organization in the programation of the compression from the organization of the compression from the organization of the or		(A)	(B) Average					1		(D)	(E)	1	
Complete the compensation from the distance of the compensation from the configurations (W2/1099-MISC/ 1099-MISC/ 1099-		Name and title	1		not c	heck	more	than o			•		
1b Subtotal 1 Total from continuation sheets to Part VII, Section A 1 Total (all lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, "complete Schedule J for such individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, "complete Schedule J for such individual for services and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services and related organization in the programment of the organization of In Yes "complete Schedule J for such redividual for services and the organization of the yes" complete Schedule J for such redividual for services and the organization of the organization of In Yes "complete Schedule J for such redividual for services and the organization of the organization. Report compensation from the organization is tax year. (A) None and business address None Description of services Compensation from the organization of services Compensation from the organization. Report compensation from the organization of services organization of the organizat				offi						1 '	•	1	
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Compensation		• •	•				•			•		5	Х
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Name and business address NONE Description of services Compensation	1											ation from	
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•	2			ot lin	nited	to t	_	_	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization U Form 990 (2023)		wroo,ooo or compensation from the organi.	Lativii									Form 99	0 (2023)

332008 12-21-23

Form	99	0 (2	2023) HOUSTON	PETSE	T			20-0800	623 Page 9
Pa	rt V	/III	Statement of Revenue						
			Check if Schedule O contains a	a response	or note to any lin				
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							Tanodon revenue	Basiness revenae	sections 512 - 514
ņγ	1	a	Federated campaigns	1a					
ant			Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events	1c	63,925.				

ia ig			Related organizations	1d					
ns, Sim			Government grants (contributions)	1e					
흔		f	All other contributions, gifts, grants, and	j					
ig H			similar amounts not included above \dots	1f	1,859,319.				
dat		g	Noncash contributions included in lines 1a-1f	1g \$					
Co		h	Total. Add lines 1a-1f			1,923,244.			
					Business Code				
ø	2	а							
ķ		b							
ser iue									
m S		C							
Program Service Revenue		d							
jo l		е							
ъ.		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	est, and				
	other similar amounts)					37,286.			37,286.
	4				proceeds				
	5 Royalties								
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
	_		Less: rental expenses 6b						
	c Rental income or (loss) 6c								
			` '						
	_		Net rental income or (loss)	Poor rition	(ii) Othor				
	1	а	(/ Car a car	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
evenue			and sales expenses 7b						
Ver		С	Gain or (loss) 7c						
Re		d	Net gain or (loss)	<u></u>					
Other R	8	а	Gross income from fundraising events	(not					
₹			including \$ 63,925	• of					
_			contributions reported on line 1c). §	_					
			Part IV, line 18	I .	1,151,173.				
		h	Less: direct expenses		, ,				
						890,470.			890,470.
	^		Net income or (loss) from fundraisin		<u> </u>	330,170.			230,170.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses)				
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10	a				
		b	Less: cost of goods sold		b				
			Net income or (loss) from sales of ir						
			, 12, 1211 21190 011	, .	Business Code				
Sn	11	2							
eo Teo	••								
Miscellaneous Revenue		b							
Sce		C	All able or residence						
Ξ̈́			All other revenue						
		е	Total. Add lines 11a-11d						

332009 12-21-23

927,756. Form **990** (2023)

12 Total revenue. See instructions

2,851,000.

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 463,128. 463,128. 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) 264,000. 65,000. 102,000. 97,000. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 21,203. 5,126. 8,105. 7,972. 10 Payroll taxes Fees for services (nonemployees): Management Legal 68,433. 68,433. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 197,446. 197,446. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,941. 3,941. Office expenses 13 Information technology 14 15 Royalties 22,065. 22,065. 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 6,063. 6,063. Depreciation, depletion, and amortization 22 4,863. 4,863. 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.) 766,800. 766,800. SPAY AND NEUTER 288,604. **EMERGENCY** 288,604. 266,691. 266,691. TRANSPORT AND RESCUE 207,032. 45,094. 74,041. 87,897. d MISCELLANEOUS 83,613. 73,993. 9,620. e All other expenses 2,663,882. 2,003,383. 270,184. 390,315. 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. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2023) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,344,820.	1	1,545,427
	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 of	or former	officer, director,			
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ا ب	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			40,092.	9	55,820
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	172,774.			
	b	Less: accumulated depreciation	10b	52,753.	90,517.	10c	120,021
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line	11		71.	12	71
1	13	Investments - program-related. See Part IV, line	e 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			103,581.	15	38,830
_ 1	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	1,579,081.	16	1,760,169
1	17	Accounts payable and accrued expenses			55,554.	17	49,524
1	18	Grants payable		18			
1	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
န္မ 2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
<u>a</u>		controlled entity or family member of any of the	-			22	
4	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	40 504
2	26	Total liabilities. Add lines 17 through 25			55,554.	26	49,524
σ l		Organizations that follow FASB ASC 958, ch	eck her	e 🗀			
ے ا ق	-	and complete lines 27, 28, 32, and 33.					
<u>a</u> a	27	Net assets without donor restrictions				27	
<u> </u>	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, cne	eck here X			
<u>ا</u> ۾	••	and complete lines 29 through 33.			1 170 600		1 602 504
ğ 2	29	Capital stock or trust principal, or current fund			1,479,688.	29	1,682,594
388	30	Paid-in or capital surplus, or land, building, or e		0.	30	29 051	
ا ب	31	Retained earnings, endowment, accumulated i			43,839.		28,051
- 1	32	Total net assets or fund balances			1,523,527.	32	1,710,645
3	33	Total liabilities and net assets/fund balances			1,579,081.	33	1,760,169 Form 990 (202

20-0800623 Page **12**

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,85				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,66				
3	Revenue less expenses. Subtract line 2 from line 1	3		7,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,52	3,5	<u> 27.</u>		
5	5 Net unrealized gains (losses) on investments 5						
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,71	0,6	<u>45.</u>		
Pai	t 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 on 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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2023

Inspection
Employer identification number

		HOUS	TON PETSET				4	0-0800623
Pa	art I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch)(A)(i).	
2		A school described in sect						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	H	A medical research organiz					•	the hospital's name.
·		city, and state:		,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
J	ш	section 170(b)(1)(A)(iv). (0		logo or armyoromy ownion	or operati	ou by a go	vorminorital armi accomb	5 4 111
6		A federal, state, or local go		ontal unit described in	saction 17	70(h)(1)(A)	(w)	
7	H		-					aublia dagaribad in
′	ш	An organization that norma		itiai part of its support if	om a gove	mmeman	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		AVAV-1) (Olate Davi				
8	Н	A community trust describe						n.
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
	77	university:						
10	X	An organization that norma						
		activities related to its exen		•				•
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	•					
11	Н	An organization organized a	•	•	•			
12		An organization organized a	•	•	-		•	
		more publicly supported or						Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а	ı		anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.				
b) <u> </u>		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing
		control or management o			ame perso	ns that co	ntrol or manage the supp	oorted
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
C	;		grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
C	ı 🗀		integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	veness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
е	•	☐ Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o	organizations					
g		vide the following information			(i) In the area	-:1: !:-1-4		T 400
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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Schedule A (Form 990) 2023 HOUSTON PETSET 20-0800623 Page 2

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	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								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4		,	, ,		, ,			
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	•		
	First 5 years. If the Form 990 is for the	•				01(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	ic Support Pe	rcentage						
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization						
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	lifies as a publicly	supported organiza	ation					
17a	'a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ıblicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s		
						Calaaduda A	(Form 990) 2023		

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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.)

Sed	ction A. Public Support		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1303892.	2254164.	2183909.	1350316.	1859319.	8951600.	
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	368,852.	248,062.	710,423.	1042619.	954,395.	3324351.	
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1672744.	2502226.	2894332.	2392935.	2813714.	12275951.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						12275951.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	1672744.	2502226.	2894332.	2392935.	2813714.	12275951.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55.	4,213.	2,817.	14,416.	37,286.	58,787.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	55.	4,213.	2,817.	14,416.	37,286.	58,787.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	1672799.	2506439.	2897149.	2407351.	2851000.	12334738.	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
	check this box and stop here							
	ction C. Computation of Publi							
	Public support percentage for 2023 (li		•	olumn (f))		15	99.52 %	
	Public support percentage from 2022					16	99.80 %	
	ction D. Computation of Inves			40 , (*)	T	4= [10	
	Investment income percentage for 20					17	.48 % .20 %	
	Investment income percentage from 2			na line 14 and line		18		
19a	9a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the							
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppor	rted organization		
20	Drivate foundation If the organization	n did not chack a k	ooy on line 14 10c	or 10h chock th	ic hav and can inct	ructions		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
3b		
20		
3c		
4a		
4b		
40		
4c		
5a		
5b		_
5c		
6		
7		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		

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rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he 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				
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok 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 ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2023)

Employer identification number

OMB No. 1545-0047

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 not 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					
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1) contributor, durin	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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (see 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Ping requirements of Schedule B (Form 990).	•				

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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

HOUSTON PETSET

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIDNEY FAUST 3365 DEL MONTE DR. HOUSTON, TX 77019	\$ 205,000.	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
2	LESLIE L. ALEXANDER FOUNDATION 100 E. ATLANTIC AVE., SUITE 320 DELRAY BEACH, FL 33444	\$\$	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	MUHAMMAD S. AZIZ, P.C. 800 COMMERCE ST. HOUSTON, TX 77002	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 ATHLETES & CAUSES/LANCE MCCULLERS JR. FOUNDATION 12551 FRANKLIN RD. THONOTOSASSA, FL 33592	\$ 15,000.	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
5	SIMPLE GENEROSITY P.O. BOX 476 CHARLESTON, SC 29402	\$6,026.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	H.M. STEWART 2330 SUNSET BLVD. HOUSTON, TX 77005	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

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
7	SUMMERLEE FOUNDATION 5556 CARUTH HAVEN LANE DALLAS, TX 75225	\$7,500.	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
8	GIVINGFORCE FOUNDATION 2810 N. CHURCH ST. WILMINGTON, DE 19802	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	R E SMITH FOUNDATION 1900 WEST LOOP S., STE. 1050 HOUSTON, TX 77027	\$50,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	ROSS DAVIDSON 11719 COBBLESTONE DRIVE HOUSTON, TX 77024	\$ 5,000.	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
	PAYPAL GIVING 1250 I ST NW #1202 WASHINGTON, DC 20005	\$5,107.	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
12	JILL TALISMAN 407 PINEHAVEN DR. HOUSTON, TX 77024	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page 2

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
13	BRIAN TEICHMAN 3124 MID LANE HOUSTON, TX 77027	\$\$	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
14	ALI DAVOUDI 4618 STAUNTON ST. HOUSTON, TX 77027	\$6,424.	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
15	DAY FAMILY FOUNDATION 3705 ARNOLD ST. HOUSTON, TX 77005	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4 GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD., STE. 1000 HOUSTON, TX 77027	\$ 601,000.	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	JAMES A. "BUDDY" DAVIDSON CHARITABLE FOUNDATION 515 TRADEWINDS BLVD. MIDLAND, TX 79706	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	MICHELE A. TILL 1914 PARK STREET HOUSTON, TX 77019	\$5,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

HOUSTON PETSET 20-0800623

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	RONNIE MATTHEWS 101 SADDLEBROOK LANE TOMBALL, TX 77375	\$\$	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
20	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$\$	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
21	FIFTH GENERATION INC. 1406 SMITH RD. BLDG C AUSTIN, TX 78721	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

HOUSTON PETSET

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		 \$	

Page 4

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 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 Inspection

Name of the organization

HOUSTON PETSET

Employer identification number 20-0800623

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(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 w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	ianamig of violations, and only	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			c
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	ollections of Art	, Historical	Treasures, o	r Other S	imilar Asse	ets (continue	d)
3	Using the organization's acquisition, accession							
	collection items (check all that apply).	•	•	· ·				
а	Public exhibition	d	Loan or	exchange progra	am			
b	Scholarly research	е		0.0				
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they furth	er the organization	on's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	•	•	ŭ	•			
	to be sold to raise funds rather than to be ma					1	Yes	No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organiz				/, line 9, or	
	reported an amount on Form 990, Par					•		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribu	utions or other as	sets not inc	luded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
	•	•	-				Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo						Yes	No
b	If "Yes," explain the arrangement in Part XIII.						[
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" or	Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior yea			Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	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 curre	ent year end balance	(line 1g, colum	n (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 organizat	ion that are he	d and administer	red for the			
	organization by:						Ye	s No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule	R?			3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11	a. See Form 990), Part X, line	10.		
	Description of property	(a) Cost or ot basis (investm		Cost or other asis (other)		imulated ciation	(d) Book va	alue
1a	Land							
b	Buildings							
С	Leasehold improvements			4,970.		4,970.		0.
d	Equipment			40,252.		3,842.		410.
е	Other			127,552.	1	3,941.		611.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	K. line 10c. colu	ımn (B))			120,	021.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		
	- F 000 P+ IV I'	44 - O Farra 000 Bart V. Pag 40
Complete if the organization answered "Yes" o		•
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
-	escription	(b) Book value
(1)	•	
(2)		
(3)		
(4)		
(5)		
(5) (6)		
(5) (6) (7)		
(5) (6) (7) (8)		
(5) (6) (7) (8) (9)		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.		
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.

332053 09-28-23

Schedule D (Form 990) 2023

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5 Do:	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	Statementa With Expans		
Га	I L AII	Reconciliation of Expenses per Audited Financial		es per neturn	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
a		ted services and use of facilities			
b		year adjustments			
C		losses			
d		(Describe in Part XIII.)	<u></u>	20	
_		ines 2a through 2d			
3		act line 2e from line 1			
4		Ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b	4a		
a b					
		(Describe in Part XIII.) ines 4a and 4b	······	4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lii			
	rt XIII	Supplemental Information	<i>(C. 10.)</i>		
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line 2; Part XI	
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provic	· · · · · · · · · · · · · · · · · · ·		
			·		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

Open to Public Inspection

HOUSTON	PETSET					20-0800	623
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indictions of the solicitations of the compensated at least \$5,000 by the	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No					
Total							
3 List all states in which the organization or licensing.				or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2023

Pa	ırt I												
_	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events												
			(a) Event #1 2023 SOIREE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through							
			(event type)	(event type)	(total number)	col. (c))							
ne			(616.111) (616.111)	(616.11 1) (60	(10141111111111111111111111111111111111								
Revenue	1	Gross receipts	1,215,098.			1,215,098.							
	2	Less: Contributions	63,925.			63,925.							
	3	Gross income (line 1 minus line 2)	1,151,173.			1,151,173.							
	4	Cash prizes											
(0		Noncash prizes											
:beuse	6	Rent/facility costs	158,047.			158,047.							
Direct Expenses	7	Food and beverages											
Ö		Entertainment	18,260.			18,260.							
	9	Other direct expenses				84,396.							
	10	Direct expense summary. Add lines 4 through				260,703.							
	11	Net income summary. Subtract line 10 from li				890,470.							
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than								
		\$15,000 on Form 990-EZ, line 6a.	T	I	Τ								
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))							
Revenue				biligo, progressive bilige		oon (a) an oagh oon (c)							
Re	1	Gross revenue											
ses	2	Cash prizes											
lirect Expenses	3	Noncash prizes											
Direct	4	Rent/facility costs											
	5	Other direct expenses											
			Yes %	Yes %	Yes %								
	6	Volunteer labor	No	No	No No								
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)										
		Nat assistanting and assessment College of the 7	/ fueros lines de estrucció (al)										
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)										
9	En	ter the state(s) in which the organization condu	ucts gaming activities:										
		the organization licensed to conduct gaming a	_			Yes No							
		No," explain:											
	_												
	_												
		ere any of the organization's gaming licenses re			year?	Yes No							
b	IT "	Yes," explain:											
	_												
	_												

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 HOUSTON PETSET 20	<u> </u>	00	<u>623</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
•	and the name and data see of the person time propagation of gaining opening opening and according				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Γ		Yes	No
	2000 the organization have a contract with a time party from whom the organization recorded gaming revenue.				
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t			
-	of gaming revenue retained by the third party \$	•			
_	If "Yes," enter name and address of the third party:				
·	in 165, enter hame and address of the tillid party.				
	Name				
	Address				
	Address				
16	Gaming manager information:				
10	Gaming manager miormation.				
	Name				
	Gaming manager compensation \$				
	Carring manager compensation — — — — — — — — — — — — — — — — — — —				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	•				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		Yes	☐ No
L	retain the state gaming license?	^L		163	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3			
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Dort I	II lin	00.0	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iraiti	II, III I	es <i>9</i> , .	50, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Employer identification number HOUSTON PETSET 20-0800623

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selection	on
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domesti	c Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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)	7,500.	0.			FUNDING FOR TRAINING ENRICHMENT PROGRAM FOR HARD TO ADOPT DOGS
BARRIO DOGS, INC. P.O. BOX 230677 HOUSTON, TX 77223	27-2233574	501(C)(3)	7,500.	0.			FUNDING TO SUPPORT PARTNERSHIP WITH EMANCIPET TO CONDUCT OUTREACH AT LOCATIONS IN
CITIZENS FOR ANIMAL PROTECTION, INC 17555 KATY FREEWAY - HOUSTON, TX 77094	23-7296260	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT THE FERAL CAT ASSISTANCE PROGRAM
CRIMESTOPPERS OF HOUSTON, INC. 3001 MAIN STREET HOUSTON, TX 77002	74-2137744	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT THE SAFE COMMUNITY PROGRAM
CYPRESS LUCKY MUTT RESCUE 9597 JONES RD #360 HOUSTON, TX 77065	46-4636197	501(C)(3)	7,500.	0.			FUNDING FOR TRANSPORT PROGRAMMING
HELPING PAWS IN CHAMBERS COUNTY PO BOX E ANAHUAC, TX 77514	83-4664639	501(C)(3)	7,500.	0.			FUNDING TO PROVIDE VOUCHERS FOR SPAY AND NEUTER SERVICES

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

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

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON CARES ANIMAL RESCUE							
PO BOX 310531							
HOUSTON, TX 77231	46-5554012	501(C)(3)	9,925.	0.			OPERATING COSTS
INTERFAITH MINISTRIES OF GREATER							FUNDING IN SUPPORT OF THE
HOUSTON - 3303 MAIN STREET -							ANIMEALS ON WHEELS
HOUSTON, TX 77002	74-1488102	501(C)(3)	6,000.	0.			PROGRAM
LMN FELINE RESCUE							FUNDING TO SUPPORT
PO BOX 600							RESCUING AND VETTING OF
HUFFMAN, TX 77336	26-4180772	501 (C) (3)	7,500.	0.			ANIMALS
HOTTEMN, IX 7,330	20 4100772	301(0)(3)	7,300.	0.			FUNDING TO SUPPORT COSTS
LOLA'S LUCKY DAY, INC.							OF TRANSORTING DOGS TO
2810 COUNTRY CLUB DRIVE							OUT-OF-STATE RESCUE
PEARLAND, TX 77581	47-2763680	501(C)(3)	10,000.	0.			PARTNERS
			, ,	-			
OPERATION PETS ALIVE							FUNDING TO SUPPORT
PO BOX 132104							LOW-COST PUBLIC SPAY AND
SPRING, TX 77393	27-4226307	501(C)(3)	7,500.	0.			NEUTER PROGRAM
							FUNDING TO SUPPORT
S.A.V.E. RESCUE COALITION							CONTINUED SPAY AND NEUTER
PO BOX 790							EFFORTS FOR LOW INCOME
SANTA FE, TX 77517	45-4982602	501(C)(3)	25,000.	0.			RESIDENTS IN GALVESTON
SONOMAS HAVEN INC							
PO BOX 183							FUNDING TO SUPPORT
SIMONTON, TX 77476	47-4306884	501(C)(3)	7,500.	0.			TRANSPORT COSTS
							FUNDING TO SUPPORT SPAY
SPAY AND NEUTER INITIATIVE PROGRAM							AND NEUTER SERVICES, AND
2095 W. MAIN, STE. B							THE ADMINISTRATION OF
LEAGUE CITY, TX 77573	81-2630297	501(C)(3)	7,500.	0.			RABIES VACCINES OFFERED
SPECIAL PALS, INC.							
3830 GREENHOUSE RD.							FUNDING TO SUPPORT THE
HOUSTON, TX 77084	74-2050052	501(C)(3)	7,500.	0.			ENRICHMENT PILOT PROGRAM

Schedule I (Form 990)

Page 1

20-0800623

Schedule I (Form 990) 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
THE RESCUE FOR PTSD 20212 CHAMPION FOREST DRIVE SUITE 7 SPRING, TX 77379	82-2541342	501(C)(3)	7,500.	0.		1	FUNDING TO TRAIN VETERANS AND THEIR DOGS					
LONE STAR ANIMAL WELFARE LEAGUE FKA THE WOODLANDS DOG PARK CLUB - 9311 BRECKENRIDGE LANE - MAGNOLIA, TX 77354	20-0997770	501(C)(3)	7,500.	0.			FUNDING TO SUPPORT SPAY					

Schedule I (Form 990) 2023 HOUSTON PETSET					20-0800623	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
HOUSTON PETSET SOIREE REVENUE GRAN	TEES ARE	REQUIRED T	O PROVIDE	A POST-GRANT		
REPORT PRIOR TO SUBMITTING ANOTHER	GRANT RE	QUEST ANNU	JALLY. AWA	RD LETTERS		
INSTRUCT GRANTEES TO CONTACT HOUST	ON PETSET	IF THE OF	RGANIZATION	IS UNABLE		
TO PERFORM THE DUTIES OR PROGRAMS	AS DESCRI	BED IN ORI	GINAL REQU	EST.		
HOUSTON PETSET MAINTAINS ONGOING M	ONITORING	OF AND CO	MMUNICATIO	N WITH		
GRANTEES THROUGHOUT THE YEAR.						

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ABANDONED ANIMAL RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT THE STARFUND,

OFFERING EMERGENCY SUPPORT, SPAY/NEUTER SUPPORT, OUNCE-OF-PREVENTION

WELLNESS, SIT-TO-STAY DOG BEHAVIOR, & PET FOOD PANTRY.

NAME OF ORGANIZATION OR GOVERNMENT: BARRIO DOGS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT PARTNERSHIP WITH

EMANCIPET TO CONDUCT OUTREACH AT LOCATIONS IN HOUSTON'S GREATER EAST END

NAME OF ORGANIZATION OR GOVERNMENT: CORRIDOR RESCUE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT RESCUE, ADOPT,

AND TRANSPORT EFFORTS IN HOUSTON'S "CORRIDOR OF CRUELTY"

NAME OF ORGANIZATION OR GOVERNMENT: EMANCIPET, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITY OUTREACH

VOUCHER PROGRAM, WHICH PROVIDES VETERINARY ASSISTANCE TO THOSE FAMILIES

WITH ANNUAL INCOME BELOW THE U.S. POVERTY LINE

NAME OF ORGANIZATION OR GOVERNMENT: S.A.V.E. RESCUE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT CONTINUED SPAY

AND NEUTER EFFORTS FOR LOW INCOME RESIDENTS IN GALVESTON COUNTY, AND TO

EXPAND INTO BRAZORIA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SPAY AND NEUTER INITIATIVE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT SPAY AND NEUTER

SERVICES, AND THE ADMINISTRATION OF RABIES VACCINES OFFERED THROUGH THE

FERAL CAT PROGRAM

Schedule I (Form 990)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HOUSTON PETSET

Employer identification number 20-0800623

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

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

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

Identifying number

HO	USTON	N PETSET			FOR	м 9	90 :	PAG	E 10		20	0-0800623
Pa	rt I 🔣	ection To Expense Certain Propert	y Under Section 17	79 Note: If yo	u have any lis	sted pr	operty	, con	nplete Part	V before	you com	iplete Part I.
1	Maximun	n amount (see instructions)								1	1	1,160,000.
2	Total cos	t of section 179 property place	d in service (see	instructions)						2		
3	Threshol	d cost of section 179 property I	pefore reduction	in limitation						3	2	2,890,000.
4	Reductio	n in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	r -0-					4		
5	Dollar limita	tion for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filin	g separately, see ir	nstructio	ns			5		
6		(a) Description of pro	perty		(b) Cost (busin	ess use	only)		(c) Elected of	cost		
											_	
											_	
	•	operty. Enter the amount from I					7					
		cted cost of section 179 proper										
		e deduction. Enter the smaller									-	
		r of disallowed deduction from									-	
		income limitation. Enter the sn									-	
		179 expense deduction. Add lin						T		12		
		r of disallowed deduction to 20					13					
		use Part II or Part III below for li				- 1:-4	J	d \				
		Special Depreciation Allowar		-	`						1	
		lepreciation allowance for quali-							-			
	the tax y											
		subject to section 168(f)(1) elec	tion									
		preciation (including ACRS) MACRS Depreciation (Don't	include listed pro	nerty See in	etructions)					16		
		WAONS Depreciation (Don't	morade listed pro	-	ection A							
17	MACDS	deductions for assets placed in	sonvice in tax ve							17		3,691.
		ecting to group any assets placed in service	•	•						ij ''		3,051.
10	you are or	Section B - Assets I						enera	I Deprecia	ion Svst	em	
			(b) Month and	(c) Basis fo	r depreciation	T	Recovery	., [
	(a) Classification of property	year placed in service		ivestment use instructions)	(-)	period	, I	(e) Convention	(f) Method	(g) D	epreciation deduction
19a	3-yea	ar property										
b	5-yea	ar property			38,684.	5	YRS		HY	200DI	3	2,372.
С	7-yea	ar property										
d	10-ye	ear property										
е	15-ye	ear property										
f	20-уе	ear property										
g		ear property				2	5 yrs.			S/L		
h	Posi	dential rental property	/			27	'.5 yrs.	.	MM	S/L		
	nesid	deritial relital property	/			27	'.5 yrs.	.	MM	S/L		
	Nonr	esidential real property	/			3	9 yrs.		MM	S/L		
i	NUIII		/						MM	S/L		
		Section C - Assets Pl	aced in Service	During 2023	3 Tax Year Us	ing th	e Alte	rnati	ve Depreci	ation Sy	stem	
<u>20a</u>	Class	s life						_		S/L		
<u>b</u>						 	2 yrs.	_		S/L		
c	30-ує		/			1	0 yrs.		MM	S/L	-	
d			/			4	0 yrs.		MM	S/L		
		Summary (See instructions.)								1		
		operty. Enter amount from line								21	-	
		dd amounts from line 12, lines 1								_		6 062
		re and on the appropriate lines				ions - s	see ins	str		22		6,063.
		ts shown above and placed in s										
	portion o	f the basis attributable to section	on 263A costs				23					

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See this instructions for limits for passenger surceival as a few divides trials). Page 1 (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		24b, columns (
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										1							
Type of property (18st vehicles) Special depreciation allowance for qualified lated property placed in service during the tax year and used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used 50% or less in a qualified business use. Property used 50% or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used soft or less in a qualified business use. Property used 50% or less in a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft soft in less than a qualified business use. Property used soft so	<u>24a</u>	Do you have evidence to s	1		nt use cla	imed?	<u> </u>		No	24b If "Y			nce writt	:en?			
used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used s0% or less in a qualified business use: 28 Section 1		Type of property	Date placed in	Business/ investment	nt Cost or		l (bi	Basis for depreciatio (business/investmen		Recovery	Me	Method/		Depreciation		ted n 179	
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27 Property used 50% or less in a qualified business use:												25					
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27 Property used 50% or less in a qualified business use:			1 1														
28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles (a) (b) (c) (d) (e) (d) (e) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 9 Vehicle 6 Vehicle 1 Vehicle 9 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 9 V		Proporty used 50% or lo	see in a qualif												l		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 5 Vehicle 6 Vehicle 5 Vehicle 6 Ve	<u> </u>	1 Toperty used 50% of te	1								C/I						
28 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (den't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use which we have these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 42 Amortization of costs that begins during your 2023 tax year.																	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Section 6 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 20 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related persons? 36 Is another vehicle available for personal use use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles for the vehicles of persons and use? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes' don't complete Section B for the covered vehicles. 42 Amortization of costs that begins during your 2023 tax year.																	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Weblicle I Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 4 Vehicle 3 Vehicle 6 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 6 Vehicle 6 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 6 Vehicle 7 Vehicle 8 Vehicle 9 Veh	 28	Add amounts in column	(h), lines 25			and on	line 21	page 1				28					
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