Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Depai Intern	rtment o al Rever	f the Treasury tue Service		-	mbers on this form a for instructions and	-			Open to Public Inspection	;
A F	or the	2022 calend	lar year, or tax year begin	ning	and	ending				
	heck if pplicable Addres change	HOUS	forganization TON SOCIETY FORUELTY TO ANII		EVENTION		D Employer ide	entificati	ion number	
	Name change	1	usiness as	<u></u>			74-128	7171		
\vdash	Initial return		r and street (or P.O. box if ma	ail is not delivered to	street address)	Room/suite	E Telephone nu		,	
Н	Final	7007	OLD KATY ROAL		311 001 4041 000)	7,50017,50110	713-86		22	
	_return/ termin ated	. ————	town, state or province, cou		reign nostal code	l	G Gross receipts \$		32,984,09	<u>.</u>
Г	Amend		STON, TX 7702		reign postar code		H(a) Is this a gro	un retur		
\vdash	_return _Applica _tion		ind address of principal offi		A R. MERCER		for subordin	•		N.A
	tilon tilon	-	AS C ABOVE	CGI. I 111111 C II	n D. MDRCDR		H(b) Are all subordin			No
. 7	6 1/ 61/	empt status:		/) (inoc	rt no.) 4947(a)(1)	or 527	4 ``		. See instructions	10
			HOUSTONSPCA.OI	• • • • • • • • • • • • • • • • • • • •	11110.) 4947(a)(1)	U! JZ1	H(c) Group exen			
	Vebsit		X Corporation Trus		Other	I Voor			arriber tate of legal domicile:	<u>דע</u>
	<u>orm or</u> urt I	Summary		ASSOCIATION	Outer	L Year	U IOIIIIAUUII. 192	± M ⊃(<u>ate or legal dominone.</u>	12
-			oe the organization's missio			OTE AN	D DDOWECT	क्रमक	T.TVEC OF	_
ģ	1	Briefly descrip	IN OUR COMMUI	n or most significa. אדר תאל אדר ת	IN ACTIVITIES: THEY	OAE WA	O CHEEFEDIN	IC AN	D VBIICE	
Governance										
E	_	Check this bo			ts operations or dispos			1 1		1 1
Š			ting members of the govern		,			3		<u>14</u> 13
~			dependent voting members					4		
Activities &			of individuals employed in	-				5		35
2			of volunteers (estimate if no					6		<u>3 0</u>
رد	_		d business revenue from Pa	, ,,,				7a		<u>) .</u>
	b	Net unrelated	business taxable income fi	rom Form 990-T, Pa	art I, line 11	<u></u>	<u>'</u>	7b) .
							Prior Year		Current Year	_
a	8	Contributions	and grants (Part VIII, line 1	h)			12,008,48		25,309,100	
ᇎ	9	Program servi	ice revenue (Part VIII, line 2	g)			596,91		1,488,66	
Revenue	10	Investment in	come (Part VIII, column (A),	, lines 3, 4, and 7d)			984,68		331,62	
Œ	11	Other revenue	e (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c	, and 11e)		1,268,58		377,530	
	12	Total revenue	- add lines 8 through 11 (m	nust equal Part VIII,	column (A), line 12)		1 <u>4,858,66</u>	5.	27,506,920	<u>).</u>
	13	Grants and si	milar amounts paid (Part IX	, column (A), lines	1-3)			0.) <u>.</u>
	14	Benefits paid	to or for members (Part IX,	column (A), line 4)				0.) <u>.</u>
Ø	15	Salaries, othe	r compensation, employee	benefits (Part IX, c	olumn (A), lines 5-10)		4,710,92	7.	6,903,404	
Expenses	16a	Professional f	undraising fees (Part IX, co	lumn (A), line 11e)				0.	530,280	<u>).</u>
ē			ing expenses (Part IX, colui		1,745,3	64.				
ũ	17	Other expens	es (Part IX, column (A), line:	s 11a-11d, 11f-24e)	·		8,127,55		7,759,642	2.
	18	Total expense	es. Add lines 13-17 (must ed	qual Part IX, columi	n (A), line 25)		12,838,48	6.	15,193,320	5 .
	19	Revenue less	expenses. Subtract line 18	from line 12			2,020,17		12,313,594	1.
Or Ses						Ве	ginning of Current Y	ear	End of Year	
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)				73,105,64	9.	73,256,959) .
Ass	21	•	(Part X, line 26)				8,269,66	4.	426,749	.
Net EM	22		fund balances. Subtract lin	e 21 from line 20			64,835,98	5.	72,830,210) <u>.</u>
Pa	rt II	Signature							-	
			I declare that I have examined	this return, including	accompanying schedule	s and stateme	ents, and to the best	of my kno	wledge and belief, it i	 s
			. Declaration of preparer (other					- •	,,	
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Sigr		Signature of o	fficer	1 ()	1 1 1		Date , ,	1.1		
		PATRICI		PRESIDENT	E CEO		\	/3/∞	2023	
Her	e	Type or print r		- TOP PEDENT	<u> </u>) '''	- 10		_
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Paid			SIMPSON	& INGRAM,			Firm's EIN		1396621	_
	arer	Firm's name						/4-	TJJUUAT	_
OSE	Only	Firm's address	HOUSTON, TX		,OI		Dhone	712-	621-8090	
			TOODION, IV	,,030			I HIGHE NO.	, <u> </u>	0 0 D D D D D D D D D D D D D D D D D D	

May the IRS discuss this return with the preparer shown above? See instructions

Check if Scheduled O Contains a response or not to any line in this Part III Briefly describe the organization simistor: TO IMPROVE AND PROTECT THE LIVES OF ANIMALS IN OUR COMMUNITY AND TO ALLEVIATE THEIR SUFFERING AND ABUSE. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 EZ? If Yes, "describe these new services on Schedule 0. Did the organization cases concluding, or make significant changes in how it conducts, any program services?	Pai	t III Statement of Program Service Accomplishments	
TO IMPROVE AND PROTECT THE LIVES OF ANIMALS IN OUR COMMUNITY AND TO ALLEVIATE THEIR SUFFERING AND ABUSE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 E2? If 'Yes,' Georgication cease conducting, or make significant changes in how it conducts, any program services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(5)3 and 501(6)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (case:] (feavores 1 12,502,428.) **Voluting grats of 1 1,488,663) FOUNDED IN 1924, THE HOUSTON SPCA IS TO IMPROVE AND PROTECT THE LIVES OF ANIMALS IN OUR COMMUNITY AND TO ALLEVIATE THEIR SUFFERING AND ABUSE. FOUNDED IN 1924, THE HOUSTON SPCA PROVIDES THE MOST COMPREHENSIVE ARRAY OF ANIMAL ADOPTION, SHELTER, RESCUE, REHABILITATION, EDUCATION, AND OTHER PROGRAMS BENEFITTING THE ANIMALS AND PROPLE IN THE GULF COAST REGION. WE HELP NEARLY 60,000 ANIMALS EACH YEAR, INCLUDING DOGS AND CATS, HORSES AND FARM ANIMALS, ANTIVE MILDLIFE, AND EXCITLE SPECIES. ALMOST ALL PROGRAMS EMPETTING THE ANIMALS AND THE HOUSTON SPCA ARE FREE OF CHARGE (EXCEPT ADOPTIONS, RELINQUISHMENTS, AND CRITTER CAMP) AND WE PROUDLY PLACE 100 PERCENT OF OUR HEALTHY ANIMALS INTO NEW HOMES. THE HOUSTON SPCA ARE FREE PROUDLY PLACE 100 PERCENT OF OUR HEALTHY ANIMALS INTO NEW HOMES. THE HOUSTON SPCA ARE FREE PROUDLY PLACE 100 PERCENT OF OUR HEALTHY ANIMALS INTO NEW HOMES. THE HOUSTON SPCA ARE FREE PROUDLY PLACE 100 PERCENT OF OUR HEALTHY ANIMALS INTO NEW HOMES. THE HOUSTON SPCA ARE FREE PROUDLY PLACE 100 PERCENT OF OUR HEALTHY ANIMAL WELFARE ORGANIZATION IN THE STATE OF 100 PERCENT OF OUR HEALTHY ANIMAL WELFARE ORGANIZATION IN THE STATE OF 100 PERCENT OF OUR HEALTHY ANIMAL WELFARE ORGANIZATION IN THE STATE OF 100 PERCENT OR 100 PERCENT OR 100 PERCENT OR 100 PERC		Check if Schedule O contains a response or note to any line in this Part III	X
ALLEVIATE THEIR SUFFERING AND ABUSE. 2 Did the organization undatake any significant program services during the year which were not listed on the prior form 900 or 900 E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services on Schedule O. 4 Describe the organization of program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (cose	1	Briefly describe the organization's mission:	
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 990-E27		TO IMPROVE AND PROTECT THE LIVES OF ANIMALS IN OUR COMMUNITY AND TO	
prior Form 980 or 980 627 If Yes, Gescribe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		ALLEVIATE THEIR SUFFERING AND ABUSE.	
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	No
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4e Total program service expenses 12,502,428.	-t u		
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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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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, 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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	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			37
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
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		<u>X</u>
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"	10		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	,		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

HOUSTON SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS 74-1287171 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V						į
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	50				I
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming				
	(gambling) winnings to prize winners?			10	x		

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HOUSTON SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Page 5 Part V 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	185			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Advanced in the control of the second secon	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons 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 ser	vices p	rovided to the payor?	7a	X	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?	i		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	NT /	7
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	1AT / 7A	_		
^	sponsoring organization have excess business holdings at any time during the year?		N/.A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
a b			3T / 3	9b		
10	Section 501(c)(7) organizations. Enter:			35		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	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 act		/ -			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.		l			

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		, .
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			, v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This dection b requests information about policies not required by the internal nevertue dode.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 22
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, FL, GA, HI, IL, KS, KY	, MD	MA,	, MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 713-869-7722			
	7007 OLD KATY ROAD, HOUSTON, TX 77024			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2022) 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if fletther the organization fit		Jiga	пиа			ipci	Jac		•	(C)
(A)	(B))) Pos	C) ition	ı		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	offic	, unle: cer ar	ss per ıd a d	son I: irecto	s both r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	lal tr		oyee	om pe		1099-NEC)	•	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) PATRICIA E. MERCER, CAWA	40.00									
PRESIDENT AND CEO	5.00	Х		Х				298,000.	0.	45,944.
(2) ROBERTA WESTBROOK, DVM	40.00									
CHIEF ANIMAL WELFARE & MEDICAL OFFIC				Х				161,677.	0.	6,298.
(3) CHRISTIANNE HAWLEY, DVM	40.00									
VETERINARIAN						Х		136,926.	0.	8,245.
(4) REBECCA SHIPLEY, DVM	40.00									-
VETERINARIAN						Х		136,926.	0.	4,426.
(5) VIRGINIA DECHANT, DVM	40.00							,		,
VETERINARIAN						х		130,102.	0.	4,554.
(6) PATRICK PLUNK	40.00							,	-	,
SR. DIRECTOR - DIRECT MARKETING						х		125,000.	0.	0.
(7) JULIE KUENSTLE	40.00							,	-	
VP OF COMMUNICATIONS AND MARKETING				х				111,270.	0.	3,338.
(8) JAMIE SPIVA, CFRE	40.00							,		•
INTERIM CHIEF DEVELOPMENT OFFICER				х				110,785.	0.	8,982.
(9) GABRIELLE BROUSSARD, DVM	40.00							,		•
VETERINARIAN						Х		109,001.	0.	4,449.
(10) JONELLE SULLLIVAN	40.00									-
CHIEF COMMUNITY AND DEVELOPMENT				Х				95,585.	0.	6,469.
(11) ANTHONY HEDGER	40.00									•
VP OF ADMINISTRATION & CFO				Х				60,524.	0.	4,724.
(12) CRAIG FELDERHOFF, CPA	40.00							,		•
CHIEF FINANCIAL AND ADMINISTRATIVE O				х				25,846.	0.	0.
(13) BRIAN M. SMYTH	1.00							,	-	
TREASURER		Х		х				0.	0.	0.
(14) KANDACE G. LONGORIA	1.00									
ASSISTANT TREASURER		Х		х				0.	0.	0.
(15) TRACY N. LEROY	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(16) TOMMY HARPER	1.00									
BOARD CHAIR		Х		х				0.	0.	0.
(17) MARTHA SENG	1.00									
BOARD MEMBER		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(C	C)			(D)	(E)	(F)		
Name and title	Average hours per week	box	not ch unles cer an	ss per	more son is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) LAIRD M. DORAN	1.00											
BOARD MEMBER	1.00	Х						0.	0.	0.		
(19) ANNIE GRAHAM	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(20) L.D. ECKERMANN, DVM	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(21) DOUGLAS E. CLARKE	1.00											
VICE CHAIR	1.00	X		Х				0.	0.	0.		
(22) CONNIE M. BERGEN	10.00							_	_	_		
SECRETARY		Х		Х				0.	0.	0.		
(23) JOHN G. PUTNAM	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(24) ZANE CARRUTH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(25) ADAM D. ADAMS	1.00											
BOARD MEMBER	1.00	Х						0.	0.	0.		
1b Subtotal		1,501,642.	0.	97,429.								
c Total from continuation sheets to Part VII, Section A								0.	0.	0.		
d Total (add lines 1b and 1c)								1,501,642.	0.	97,429.		

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 individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

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)
Name and business address	Description of services	Compensation
THE PURSUANT GROUP, DEPT 0519 PO BOX	FUNDRAISING,	
120519, DALLAS, TX 75312-0519	EDUCATION AND MARKET	1,221,954.
BLUE CROSS BLUE SHIELD OF TEXAS		
P.O. BOX 650615, DALLAS, TX 75265-0615	MEDICAL INSURANCE	615,325.
MWI VETERINARY SUPPLY	ANIMAL HEALTH	
PO BOX 840537, DALLAS, TX 75284-0537	SUPPLIES DISTRIBUTIO	554,262.
THE HANOVER INSURANCE GROUP		
PO BOX 580045, CHARLOTTE, NC 28258-0045	INSURANCE	318,908.
IDEXX LABORATORIES		
12839 GULF FWY, HOUSTON, TX 77034	DIAGNOSTICS TESTING	289,183.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 5		
	<u> </u>	- 000

Form 990 (2022) Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij g			822,052.				
fts, Ar		3	022,032.				
ig ig		Related organizations 1d	2,878,640.				
ns, Sim		Government grants (contributions)	2,878,840.				
atio er (1	All other contributions, gifts, grants, and	21 600 414				
현된		similar amounts not included above 1f	21,608,414.				
ont od (Noncash contributions included in lines 1a-1f 1g \$	397,515.	05 000 105			
<u>0 g</u>	·	Total. Add lines 1a-1f		25,309,106.			
			Business Code				
e S	2 8	ADOPTIONS AND OTHER SHELTER REVEN	900099	789,504.	789,504.		
e <u>v</u> i	ŀ	TEXAS A&M EDUCATION PROGRAM	611430	699,159.	699,159.		
S	(:					
am	(l					
Program Service Revenue	•						
P	1	All other program service revenue					
	9	Total. Add lines 2a-2f		1,488,663.			
	3	Investment income (including dividends, interes					
		other similar amounts)		317,809.			317,809.
	4	Income from investment of tax-exempt bond pr					_
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a	. ,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 5,185,018.	10,828.				
		, , , ,	10,020.				
o o	•	Less: cost or other basis and sales expenses 7b 5,182,034.	0.				
ŭ			10,828.				
eve			,	12 012			12 012
her Revenue		Net gain or (loss)		13,812.			13,812.
the the	8 8	Gross income from fundraising events (not					
Ò		including \$ 622,052. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	161,014.				
	ŀ	Less: direct expenses 8b	295,137.				
	•	Net income or (loss) from fundraising events		-134,123.			-134,123.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	MISCELLANEOUS INCOME	900099	511,653.			511,653.
Miscellaneous Revenue	ı			-			
ella							
isc.	ì	All other revenue					
Σ	ì	• Total. Add lines 11a-11d		511,653.			
	12	Total revenue. See instructions		27,506,920.	1,488,663.	0.	709,151.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	<u></u>
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	939,497.	675,877.	108,773.	154,847.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 555 000	0.40.400	
7	Other salaries and wages	5,008,485.	4,555,832.	248,423.	204,230.
8	Pension plan accruals and contributions (include	(1 365	45 400	11 000	0 506
	section 401(k) and 403(b) employer contributions)	61,367.		11,099.	2,786.
9	Other employee benefits	483,446.		9,620.	11,399.
10	Payroll taxes	410,609.	373,901.	20,994.	15,714.
11	Fees for services (nonemployees):				
	Management				
b	Legal	88,755.		88,755.	
	Accounting	00,733.		00,755.	
	Lobbying	530,280.			530,280.
e	Professional fundraising services. See Part IV, line 17	85,019.		85,019.	330,200.
	Investment management fees	05,015.		03,013.	
g	column (A), amount, list line 11g expenses on Sch O.)	528,509.	528,509.		
12	Advertising and promotion	1,014,921.	470,186.		544,735.
13	Office expenses	272,882.	63,276.	171,113.	38,493.
14	Information technology	352,362.	110,952.	27,582.	213,828.
15	Royalties	,	,	,	
16	Occupancy	487,313.	460,871.	15,615.	10,827.
17	Travel	188,440.	185,904.	2,536.	-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	78,778.	78,778.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,451,766.	1,443,369.	3,490.	4,907.
23	Insurance	364,805.	334,186.	25,717.	4,902.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) HEALTHCARE AND SUPPLIES	1,857,576.	1,857,576.	0.	0.
b	MAINTENANCE AND SECURIT	867,659.		5,987.	8,416.
c	BAD DEBT EXPENSE	120,811.	000,2001	120,811.	0,1100
d	PROPERTY TAXES	46.	46.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,193,326.	12,502,428.	945,534.	1,745,364.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , ,	,	, , , , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			-		Form 990 (202)

Form 990 (2022)
Part X | Balance Sheet

Paı	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,098,387.	1	6,862,191.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,364,312.	3	1,625,808.
	4	Accounts receivable, net			1,665,958.	4	3,223,728.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			254,404.	9	287,486.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	55,764,487.			
	b		47,576,990.	10c	46,558,841.		
	11	Investments - publicly traded securities		20,145,598.	11	14,698,905.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			E2 10E 640	15	E2 056 050
	16	Total assets. Add lines 1 through 15 (must equ			73,105,649.	16	73,256,959
	17	Accounts payable and accrued expenses		1	1,373,368.	17	426,749.
	18	Grants payable	22 000	18	0		
	19	Deferred revenue	23,000.	19	0.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
Lial	00	controlled entity or family member of any of the			6,873,296.	22	0.
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			0,075,250.	24	0 •
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			8,269,664.	26	426,749.
		Organizations that follow FASB ASC 958, che	eck her	e X	7,=35,733=1		
es		and complete lines 27, 28, 32, and 33.					
auc	27				62,290,488.	27	70,590,287.
Bal	28			2,545,497.	28	70,590,287. 2,239,923.	
pu		Organizations that do not follow FASB ASC 9					
Ī		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			64,835,985.	32	72,830,210.
	33				73,105,649.	33	73,256,959.

	HOODION DOCUMENT TON THE TREVENTION					
Form	1 990 (2022) OF CRUELTY TO ANIMALS	74-	-1287	171	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
		.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,19		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,31</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,83		
5	Net unrealized gains (losses) on investments	5	<u> </u>	<u>,31</u>	<u>9,3</u>	70.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u> 1.</u>
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	<u>72</u>	,83	0,2	<u> 10.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			<u>Ш</u>
					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 X 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	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2022)

За

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

HOUSTON SOCIETY FOR THE PREVENTION **Employer identification number** Name of the organization OF CRUELTY TO ANIMALS 74-1287171 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	•					
	organization, check this box and stop				•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the orc	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ıblicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the orc	anization did not	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-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s
							/Farm 000\ 0000

Schedule A (Form 990) 2022

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	11353649.	11552119.	8724949.	12013482.	26169279.	69813478.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	913,835.			596,910.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge		40405400		4061000		
	Total. Add lines 1 through 5	12267484.	12137433.	9064470.	12610392.	26958783.	73038562.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	3807309.	1157500.	252,298.	222,892.	187,798.	5627797.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b	3807309.	1157500.	252,298.	222,892.		
8	Public support. (Subtract line 7c from line 6.)						67410765.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	12267484.	12137433.	9064470.	12610392.	26958783.	73038562.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	591,197.	479,315.	286,242.	296,762.	317,809.	1971325.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	591,197.	479,315.	286,242.	296,762.	317,809.	1971325.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	873,354. 13732035.			1131065.		4287697.
					•	•	
14	First 5 years. If the Form 990 is for the check this box and stop here	· ·			•	. , . ,	· —
Se	ction C. Computation of Publi						·····
	Public support percentage for 2022 (column (f))		15	85.01 %
16	Public support percentage from 2021	, (,,				16	82.46 %
_	ction D. Computation of Inves					1 1	- 70
	Investment income percentage for 20			ne 13, column (f))		17	2.49 %
	Investment income percentage from					18	2.93 %
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box as						v
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation If the organization	on did not check a	hoy on line 1/ 10	or 10h check th	is how and sec ins	tructions	

232023 12-09-22

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.)

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ule A (Forr	n 990)	2022

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided prov	Pai	T IV Supporting Organizations (continued)			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	· · · · · · · · · · · · · · · · · · ·			
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

OF CRUELTY TO ANIMALS 74-1287171 Page 6 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior I	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Schedule A	(Form 990) 2022	OF	CRUELTY	то	ANIMALS	74-1287171 Page 8
Part VI	Supplemental Inf				nations required by Part II, line 10; Part	II line 17a or 17h: Part III line 12:
	Part IV. Section A. line	s 1. 2. 3b.	3c. 4b. 4c. 5a.	6. 9a.	9b. 9c. 11a. 11b. and 11c: Part IV. Sect	tion B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section	D, lines 2	and 3; Part IV, S	Section	n E, lines 1c, 2a, 2b, 3a, and 3b; Part V,	line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, a	nd 8; and I	Part V, Section	E, line	es 2, 5, and 6. Also complete this part fo	r any additional information.
	(See instructions.)					

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

74-1287171

Eilara of		Section:					
Filers of:		Section.					
Form 990 c	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-F	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Ru	ule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Ru	iles						
se	_						
co	ontributor, during terary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
ye is pı	ear, contributions checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
answer "No	o" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

Name of organization
HOUSTON SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

74-1287171

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>7,134,160.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,952,539.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 775,000.	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		\$562,761.	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
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization
HOUSTON SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

74-1287171

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	Cabadala P. (Farm 000) (0000)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 74-1287171 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 (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

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 SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 74-1287171

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
	, , , , _{, , , , , , , , , , , , , , ,}	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in 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 ad	dvisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservatio	n easements during the year
_	 			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements (of section 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o m	idioidi otatoriiorito tri	at describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance			
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:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

OF CRUELTY TO ANIMALS

	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or	Othe	r Simila	r Asse	ts (contin	ued)	age —
3	Using the organization's acquisition, accession									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exer	npt purpo	ose in Pa	rt XIII.		
5	During the year, did the organization solicit or	r receive donations of	art, historical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's col	lection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Complet	e if the organization	n answered "	Yes" on	Form 99	0, Part I\	/, line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other ass	ets not	included				
	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									
f	Ending balance					. 1f				
2a	Did the organization include an amount on Fo					ity?	[Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it			rm 990, Part						
		(a) Current year	(b) Prior year	(c) Two year		(d) Three		+ ` '		
1a	Beginning of year balance	1,240,687.	1,237,198.	1,236	,010.	1,	226,281	281. 1,17		
b	Contributions						3,012			
С	Net investment earnings, gains, and losses	-44,192.	3,489.	1	,188.		6,717	'·	5,	238.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	1,196,495.	1,240,687.	1,237	,198.	1,	236,010). 1,	226,	281.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizati	on that are held an	d administer	ed for th	ne		_		
	organization by:								Yes	No
	(i) Unrelated organizations								\longrightarrow	<u>X</u>
	(ii) Related organizations							3a(ii)	\longrightarrow	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Pai	t VI Land, Buildings, and Equipm		D-4 N/ P 44 - 0	F 000	Dest	U 40				
	Complete if the organization answered	1								
	Description of property	(a) Cost or oth				ccumulat		(d) Bool	(value	е
		basis (investme	,	` '	de	preciation	1	7 00		2.
1a	Land	I		5,836.		250 1	1 -	7,005	<u>, 8.</u>	36.
b	Buildings		45,67	6,361.	б,	359,4	T2.	39,316	, 94	46.
С	Leasehold improvements		0.05	0 004	2	0.4.6	21			<u> </u>
d	Equipment			0,094.	۷,	846,2	31.		3,86	
	Other			2,196.				212,196.		
Lota	Add lines 1a through 1e (Column (d) must or	au al Farma OOO Dart V	actions (D) line 11	2~ 1				40 ገግነ	3 M	41.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OF CRUELTY 1	O ANIMALS	74-	-1287171 _{Pa}
Part VII Investments - Other Securities.	on Farma 000 Deat IV line	14b Coo Forms 000 Book V line 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valdation. Cost of end	Oryear market value
) Financial derivatives) Closely held equity interests			
Closely held equity interests Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(F)			
(5)			
(5) (6)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities.			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

Schedule D (Form 990) 2022

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 OF CRUELTY TO ANIMALS			74-	1287171	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				23,397,	660
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	23,391,	000.
a		2a	-4,319,370.			
b		2b				
С		2c				
d		2d	295,137.			
е	Add lines 2a through 2d			2e	-4,024,	233.
3	Subtract line 2e from line 1			3	27,421,	901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а		4a	25.010			
b		4b	85,019.		0.5	010
	Add lines 4a and 4b			4c		$\frac{019.}{0.20}$
5 D 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statements	· \A/i	th Evnances nor E	5	27,506,	920.
Fai		• ••	iii Expelises pei r	retui	11.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	15,403,	111
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				13,403,	
a		2a				
b		2b		-		
c	, , ,	2c				
d		2d	295,137.			
е	Add lines 2a through 2d			2e	295,	137.
3	Subtract line 2e from line 1			3	15,108,	307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	85,019.			
С	Add lines 4a and 4b			4c		$\frac{019.}{336}$
5 D 21	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	15,193,	326.
			h and Oh. Dart V. line 4	. David	V. line O. Dest VI	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona			; Part	X, line 2; Part XI	,
111163	2d and 4b, and rait An, intes 2d and 4b. Also complete this part to provide any additional	ai ii ii c	imation.			
PAF	RT V, LINE 4:					
TO	FURTHER THE MISSION OF THE HOUSTON SPCA, WIT	HOI	UT LIMITATIO	Ν,	THROUGH	
PRO	OGRAMS AND SERVICES.					
DAI	PT Y LINE 2.					
IAI	RT X, LINE 2:					
THE	HOUSTON SPCA AND THE WILDLIFE CENTER ARE NO	T-1	FOR-PROFIT O	RGA	NIZATION	S
	HOODIGH PIGHTED THE WILDELT CENTER THE HO		011 1110111			
THA	AT ARE EXEMPT FROM INCOME TAXES UNDER SECTION	5	01(C)(3) OF	THE	INTERNA	L
REV	YENUE CODE. THEREFORE, NO PROVISION FOR FEDER	AL	INCOME TAX	HAS	BEEN MA	DE
IN	THESE CONSOLIDATED FINANCIAL STATEMENTS.					
<u>TH</u> E	ORGANIZATION UTILIZES THE ACCOUNTING REQUIR	EM	ENTS ASSOCIA	TED	WITH	
					<u> </u>	
UNC	CERTAINTY IN INCOME TAXES USING THE PROVISION	S (OF FINANCIAL	AC	COUNTING	

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX
POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL
STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED
UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR
RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM
PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2021 AND 2022, THE
ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION
OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 295,137.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
MANAGEMENT FEES 85,019.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 295,137.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
MANAGEMENT FEES 85,019.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOUSTON SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number 7.4 – 1.287171

Part I Fundraising Activities required to complete this par	- Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	sed funds through any of the following sed funds through any of the following sed in the foll	ation of ation of al fundra I (include professi	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE PURSUANT GROUP - 15660		Yes	No			
DALLAS PKWY STE 1000, DALLAS,	DIRECT MAIL		Х	1,525,323.	831,249.	694,074.
FURTHER LLC - 181 HARRY S						
TRUMAN PKWY STE 265,	DIGITAL		Х	210,899.	62,299.	148,600.
GATEWAY COMMUNICATIONS INC -						
16805 NE MASON CT, PORTLAND,	TELEMARKETING		Х	46,235.	40,043.	6,235.
				1 700 457	022 501	040 000
List all states in which the organization or licensing.		contrib				
AL, AK, AR, CA, CO, CT, DC,		ME,N	א, עו	IA,MI,MN,MS	, MO, NH, NJ,	NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,	TN, UT, VA, WA, WV, WI					

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

Schedule G (Form 990) 2022

Sch	edul		SOCIETY FOR LTY TO ANIMA:	THE PREVENTI		1287171 Page 2
Pa		Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA	MARATHON	_,	(add col. (a) through
4)			(event type)	(event type)	(total number)	- col. (c))
anne						
Revenue	1	Gross receipts	946,950.	36,116.		983,066.
	2	Less: Contributions	785,936.	36,116.		822,052.
	3	Gross income (line 1 minus line 2)	161,014.			161,014.
	4	Cash prizes				
s	5	Noncash prizes	1,238.			1,238.
Direct Expenses	6	Rent/facility costs	83,218.			83,218.
rect Ex	7	Food and beverages	81,161.			81,161.
Ō		Entertainment	2 560			2,560.
	8 9	Other direct expenses	2,560. 125,326.	1,634.		126,960.
	10	Direct expense summary. Add lines 4 through	21 1 (1)	_, -,		295,137.
	11					-134,123.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
$\overline{}$		\$15,000 on Form 990-EZ, line 6a.	Ι	(I.) Dull tabe (in stant		(.1) Tatal manaina (add
ane			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ä	1	Gross revenue				
	_	Cook prizes				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	a	Net gaming income summary. Subtract line 7				
	Ū	Net gaming meeme summary. Subtract line 7	Trom line 1, column (a)			L
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac No," explain:				Yes No
J						
10a	\\/c	ere any of the organization's gaming licenses re	voked suspended or te	rminated during the tax v	rear?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

b If "Yes," explain:

HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Sch	edule G (Form 990) 2022 OF CRUELTY TO ANIMALS 74-1	L <u>Z O / .</u>	Г/Т	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	'	Y es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
 (I) NAME OF FUNDRAISER: THE PURSUANT GROUP			
`-	,			
<u>(I</u>) ADDRESS OF FUNDRAISER: 15660 DALLAS PKWY STE 1000, DALLAS, TX	75	524	8
<u>(I</u>) NAME OF FUNDRAISER: FURTHER LLC			
(I) ADDRESS OF FUNDRAISER:			
	1 HARRY S TRUMAN PKWY STE 265, ANNAPOLIS, MD 21401			
_ 0	I IMMAT D INCHAM INVI DIE 200, AMMAFULID, ED 21401			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

omplete if the organization answered "Yes" on Form 990, Part IV, line and the form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

 $Employer\ identification\ number \\ 74-1287171$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnfication and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Part III. Only section 501(c/3), 501(c/4), and 501(c/29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization p			
	Compensation committee Written employment contract			
	SEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stablish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations Written employment contract Approval by the board or compensation committee Form 990 of other organization or a related organization: Independent compensation survey or study Approval by the board or compensation committee Form 990 of other organization or a related organization: Independent compensation survey or study Approval by the board or compensation committee Form 990 of other organization or a related organization: Independent compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
		6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICIA E. MERCER, CAWA (i	298,000	0.	0.	25,700.	20,244.	343,944.	0.
PRESIDENT AND CEO) 0.		0.	0.	0.	0.	0.
(2) ROBERTA WESTBROOK, DVM	161,677	0.	0.	190.	6,108.	167,975.	0.
CHIEF ANIMAL WELFARE & MEDICAL OFFIC			0.	0.	0.	0.	0.
(i)						
(ii							
(i)						
(ii)						
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

HOUSTON SOCIETY FOR THE PREVENTION

Open to Public Inspection

Employer identification number

	OF CRUELTY TO ANIMALS 7						71	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin		3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	2	380,775.	RETAIL			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SOFWARE AND REL)	X	12	16,740.	RETAIL			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
						\	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990). 	Schedule N	/I (Form	990)	2022

232141 09-09-22

HOUSTON SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS 74-1287171 Schedule M (Form 990) 2022 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: AN AUTO AUCTION COMPANY PROVIDES MANAGEMENT OF VEHICLE DONATIONS BY TOWING AND SELLING VEHICLES AT AUCTION. DONOR ACKNOWLEDGEMENTS AND FORM 1098S ARE PROCESSED BY HOUSTON SPCA.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 74-1287171

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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

HOUSTON SOCIETY FOR THE PREVENTION **Employer identification number** Name of the organization 74-1287171 OF CRUELTY TO ANIMALS

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

of disregarded entity		foreign country)			e	ntity	
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one o	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
WILDLIFE CENTER OF TEXAS, INC - 76-0389711	TO CARE FOR INJURED, ILL			170(B)(1)(A)(165	
HOUSTON, TX 77024	AND ORPHANED WILDLIFE.	TEXAS	501(C)(3)	VI)			X
	-						

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	, ,	,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	General or	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

1a

Yes No

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
						X			
f Dividends from related organization(s)									
g Sale of assets to related organization(s)				1g		X			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
						X			
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)									
						Х			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ıvolved					
1) THE WILDLIFE CENTER OF TEXAS	L	278,192.	FMV						
2) THE WILDLIFE CENTER OF TEXAS	Q	937,950.	CASH						
3) THE WILDLIFE CENTER OF TEXAS	J	256,500.	CASH						
4)									

(5)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

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