

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

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

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

A For the 2014 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">HOUSTON HUMANE SOCIETY</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">14700 ALMEDA ROAD</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">HOUSTON, TX 77053</div> F Name and address of principal officer: SHERRY FERGUSON <div style="border: 1px solid black; padding: 2px;">3411 PALM DESERT, MISSOURI CITY, TX 77459</div>
D Employer identification number <div style="border: 1px solid black; padding: 2px; text-align: center;">74-1340341</div>	
E Telephone number <div style="border: 1px solid black; padding: 2px; text-align: center;">713-433-6421</div>	
G Gross receipts \$ <div style="border: 1px solid black; padding: 2px; text-align: right;">7,714,681.</div>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.HOUSTONHUMANE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1958 M State of legal domicile: TX	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CARE, ADOPTION, EDUCATION, AND/OR PREVENTION OF CRUELTY TO ANIMALS	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 65
	6	Total number of volunteers (estimate if necessary)	6 150
		7 a	Total unrelated business revenue from Part VIII, column (C), line 12
b		Net unrelated business taxable income from Form 990-T, line 34	7b -33,535.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,586,876. Current Year 2,054,278.
	9	Program service revenue (Part VIII, line 2g)	3,182,092. 3,286,506.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	673,509. 54,368.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,837. 196,709.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,646,314. 5,591,861.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,025,904. 1,953,958.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	280,829. 338,876.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 633,316.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,305,759. 2,528,101.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,612,492. 4,820,935.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,033,822. 770,926.
	20	Total assets (Part X, line 16)	Beginning of Current Year 13,582,653. End of Year 14,374,843.
	21	Total liabilities (Part X, line 26)	145,924. 71,380.
	22	Net assets or fund balances. Subtract line 21 from line 20	13,436,729. 14,303,463.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer	Date	
	▶ SHERRY FERGUSON, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JAMES S. GRIFFING		11-10-15
	Firm's name ▶ GRIFFING & COMPANY, P.C.	Firm's EIN ▶ 76-0233695	Check if self-employed <input type="checkbox"/> PTIN P00475060
	Firm's address ▶ ONE SUGAR CREEK CTR BLVD, STE 450 SUGAR LAND, TX 77478	Phone no. 281-491-8866	

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

HOUSTON HUMANE SOCIETY, THROUGH LEADERSHIP, EDUCATION AND ACTION, SEEKS TO PREVENT CRUELTY TO ALL LIVING CREATURES, RELIEVE THE SUFFERING OF ANIMALS, AND PROVIDE EDUCATIONAL PROGRAMS TO THE GENERAL PUBLIC REGARDING ANIMAL WELFARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

4a (Code:) (Expenses \$ 2,271,692. including grants of \$) (Revenue \$ 2,822,752.)
 THE ANIMAL CLINIC PROVIDES LOW COST MEDICAL CARE TO ANIMALS, INCLUDING VACINATIONS, SPAY/NEUTER SERVICES AND HEART WORM PREVENTION.

4b (Code:) (Expenses \$ 1,352,868. including grants of \$) (Revenue \$ 463,754.)
 THE SHELTER PROVIDES SHELTER, ANIMAL CARE AND FOOD TO HOMELESS ANIMALS. THE SHELTER ALSO OFFERS LOW COST ADOPTION OF THESE ANIMALS.

4c (Code:) (Expenses \$ 384,287. including grants of \$) (Revenue \$)
 WITH THE HELP OF FULL-TIME STAFF HIRED AS CRUELTY INVESTIGATORS, HHS IS ABLE TO RESCUE ANIMALS FROM ABUSIVE SITUATIONS, ENFORCE ANIMAL PROTECTION LAWS THROUGH THE CIVIL COURT SYSTEM, PROSECUTE ABUSERS BY FILING CRIMINAL CHARGES, AND EXECUTE OUTSTANDING CRIMINAL WARRANTS ALONG WITH ANIMAL CRUELTY WARRANTS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 45,153. including grants of \$) (Revenue \$)

4e Total program service expenses 4,054,000.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2014)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 65		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014)

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

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

☒ X**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10			
b Enter the number of voting members included in line 1a, above, who are independent		9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	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 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:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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 in 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
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

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

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

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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 ►

2

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
NONE		

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
---	--	---

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	13,273.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,041,005.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,054,278.			
Program Service Revenue	Business Code					
	2 a SERVICE FEES	541900	3,286,506.	3,286,506.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,286,506.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,261.		92,261.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	2,047,946.			
	b Less: cost or other basis and sales expenses		2,085,839.			
	c Gain or (loss)		-37,893.			
	d Net gain or (loss)		-37,893.		-37,893.	
	8 a Gross income from fundraising events (not including \$ 13,273. of contributions reported on line 1c). See Part IV, line 18	a	184,281.			
	b Less: direct expenses	b	18,215.			
	c Net income or (loss) from fundraising events		166,066.		166,066.	
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a	30,384.			
	b Less: cost of goods sold	b	18,766.			
	c Net income or (loss) from sales of inventory		11,618.		11,618.	
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	19,025.		19,025.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		19,025.				
12 Total revenue. See instructions.		5,591,861.	3,286,506.	85,011.	166,066.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,109.	91,265.	15,211.	45,633.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,612,755.	1,506,843.	18,167.	87,745.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	189,094.	175,790.	2,903.	10,401.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	55,338.	41,504.	8,301.	5,533.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	338,876.			338,876.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	14,124.	13,824.		300.
13 Office expenses	13,748.	11,057.		2,691.
14 Information technology				
15 Royalties				
16 Occupancy	23,474.	23,474.		
17 Travel	5,017.	3,762.	753.	502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	226,884.	190,675.	22,631.	13,578.
23 Insurance	302,599.	226,949.	45,390.	30,260.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	1,105,895.	1,105,895.		
b CONTRACTED SERVICES	268,584.	255,963.		12,621.
c BANK CHARGES	124,402.	103,968.	12,911.	7,523.
d UTILITIES	117,621.	99,978.	5,881.	11,762.
e All other expenses	270,415.	203,053.	1,471.	65,891.
25 Total functional expenses. Add lines 1 through 24e	4,820,935.	4,054,000.	133,619.	633,316.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,321,355.	2	3,296,018.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	34,546.	8	22,857.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,910,612.		
	b Less: accumulated depreciation	10b 2,890,408.	10c	8,020,204.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,071,790.	12	3,014,767.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	20,997.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,582,653.	16	14,374,843.	
Liabilities	17 Accounts payable and accrued expenses	135,516.	17	55,781.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,408.	25	15,599.
	26 Total liabilities. Add lines 17 through 25	145,924.	26	71,380.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,568,471.	27	13,459,064.
	28 Temporarily restricted net assets	30,095.	28	6,236.
	29 Permanently restricted net assets	838,163.	29	838,163.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,436,729.	33	14,303,463.	
34 Total liabilities and net assets/fund balances	13,582,653.	34	14,374,843.	

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,591,861.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,820,935.
3	Revenue less expenses. Subtract line 2 from line 1	3	770,926.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,436,729.
5	Net unrealized gains (losses) on investments	5	95,808.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,303,463.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2121353.	1692935.	2583196.	1563862.	2041005.	10002351.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2990152.	3040609.	3137056.	3182092.	3286506.	15636415.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ..						
6 Total. Add lines 1 through 5	5111505.	4733544.	5720252.	4745954.	5327511.	25638766.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						25638766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	5111505.	4733544.	5720252.	4745954.	5327511.	25638766.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..	74,303.	98,517.	62,168.	59,869.	92,261.	387,118.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	74,303.	98,517.	62,168.	59,869.	92,261.	387,118.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-7,919.	-21,594.	-27,218.	-19,952.	-33,535.	-110,218.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	5177889.	4810467.	5755202.	4785871.	5386237.	25915666.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	98.93 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.49 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.39 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- 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? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI

Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	838,163.	838,163.	838,163.	838,163.	838,163.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	838,163.	838,163.	838,163.	838,163.	838,163.

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 100.00 %c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,690,138.		3,690,138.
b Buildings		6,075,286.	1,979,995.	4,095,291.
c Leasehold improvements				
d Equipment		555,199.	455,600.	99,599.
e Other		589,989.	454,813.	135,176.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☒ 8,020,204.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY SECURITIES	1,590,112.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME TAXABLE BOND		
(C) FUNDS	323,183.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	141,880.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVE INVESTMENTS	959,592.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,014,767.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	14,027.
(3) PAYROLL TAXES	1,446.
(4) SALES TAX PAYABLE	126.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,599.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,706,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	95,808.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	18,766.
e	Add lines 2a through 2d	2e	114,574.
3	Subtract line 2e from line 1	3	5,591,861.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,591,861.

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

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

1	Total expenses and losses per audited financial statements	1	4,839,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,766.
e	Add lines 2a through 2d	2e	18,766.
3	Subtract line 2e from line 1	3	4,820,935.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,820,935.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 18,766.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 18,766.

Part XIII	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALPHA DOG MARKETING - 9060 ANDERMATT DRIVE, LINCOLN, NE	GRAPHIC DESIGN, PRINTING AND STRATEGY FOR DIRECT		X	745,823.	338,876.	406,947.
Total				745,823.	338,876.	406,947.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NO BALL (event type)	FUN RUN (event type)	3 (total number)	
Revenue	1 Gross receipts	54,230.	39,752.	103,572.	197,554.
	2 Less: Contributions		8,923.	4,350.	13,273.
	3 Gross income (line 1 minus line 2)	54,230.	30,829.	99,222.	184,281.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,390.	14,620.	18,454.	39,464.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				39,464.
	11 Net income summary. Subtract line 10 from line 3, column (d)				144,817.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:(I) NAME OF FUNDRAISER: ALPHA DOG MARKETING(I) ADDRESS OF FUNDRAISER: 9060 ANDERMATT DRIVE, LINCOLN, NE 68526(II) ACTIVITY: GRAPHIC DESIGN, PRINTING AND STRATEGY FOR DIRECT MARKETINGPART I, LINE 2B, COLUMN (V):

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

Part IV Supplemental Information (continued)

GRAPHICS, ACTUAL PRINTING COSTS OR DIRECT MAIL ADVICE. ONLY

REIMBURSEMENTS FOR POSTAGE ARE SEPARATELY STATED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2014

Part III	Supplemental Information
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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.

[illegible]

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

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

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

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

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

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total

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

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES S. GRIFFING	TREASURER OF THE BO	8,949.	ACCOUNTING		X
CORBIN COOKE	SON OF THE PRESIDEN	6,095.	RECEIVED CO		X
CLAYTON COOKE	HUSBAND OF THE PRES	5,565.	RECEIVED CO		X
NANCY GRIFFING	SPOUSE OF THE TREAS	1,471.	RECEIVED FE		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JAMES S. GRIFFING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER OF THE BOARD OF DIRECTORS OF HOUSTON HUMANE SOCIETY

(C) AMOUNT OF TRANSACTION \$ 8,949.

(D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICES AND TAX PREPARATION

ARE PROVIDED BY AN ACCOUNTING FIRM OWNED BY MR. GRIFFING.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CORBIN COOKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF THE PRESIDENT OF THE HOUSTON HUMANE SOCIETY

(C) AMOUNT OF TRANSACTION \$ 6,095.

(D) DESCRIPTION OF TRANSACTION: RECEIVED COMMISSIONS FOR INSURANCE SALES

AND REFERRALS RELATED TO THE ORGANIZATION'S PROPERTY, CASUALTY AND HEALTH INSURANCE POLICIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CLAYTON COOKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

HUSBAND OF THE PRESIDENT OF THE HOUSTON HUMANE SOCIETY

(C) AMOUNT OF TRANSACTION \$ 5,565.

(D) DESCRIPTION OF TRANSACTION: RECEIVED COMMISSIONS FOR INSURANCE SALES
AND REFERRALS RELATED TO THE ORGANIZATION'S PROPERTY, CASUALTY AND HEALTH
INSURANCE POLICIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NANCY GRIFFING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF THE TREASURER OF THE BOARD OF DIRECTORS OF HOUSTON HUMANE SOCIETY

(C) AMOUNT OF TRANSACTION \$ 1,471.

(D) DESCRIPTION OF TRANSACTION: RECEIVED FEES FOR THE SALE OF SOFTWARE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

990

OMB No. 1545-0172

2014Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

HOUSTON HUMANE SOCIETY**FORM 990 PAGE 10****74-1340341****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	14,718.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	200,922.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	7,602.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		14,716.	7 YRS.	MQ	200DB	903.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,472.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	226,617.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25								
26 Property used more than 50% in a qualified business use:								
2004 GMC YUKON	07/12/04	100.00 %	31,102.	31,102.	5.00	200DB-HY	1,675.	
	:	%						
	:	%						
27 Property used 50% or less in a qualified business use:								
2011 TOYOTA	:	%				S/L -		
VENZA	05/17/12	38.39 %	33,546.	8,594.	5.00	S/L - HY	797.	
	:	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	2,472.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 2		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle 1		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)									7,218			
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven									5,128			
33 Total miles driven during the year. Add lines 30 through 32									12,346			
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X							X			
35 Was the vehicle used primarily by a more than 5% owner or related person?		X							X			
36 Is another vehicle available for personal use?		X								X		

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2014 tax year				43	267.
44 Total. Add amounts in column (f). See the instructions for where to report				44	267.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

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

THE SHELTER PROVIDES RETAIL SALE OF SUPPLIES FOR THE CARE OF ANIMALS

EXPENSES \$ 45,153. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

GRIFFING & COMPANY, P.C., AN ACCOUNTING FIRM OWNED BY JAMES GRIFFING, THE
TREASURER OF HOUSTON HUMANE, PREPARES AND REVIEWS THE FORM 990. THE FORM
990 IS THEN PRESENTED AT A BOARD MEETING TO THE BOARD OF DIRECTORS FOR
THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY SHALL BE GIVEN TO ALL BOARD
MEMBERS, STAFF MEMBERS, VOLUNTEERS OR OTHER KEY STAKEHOLDERS UPON
COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH HHS. EACH BOARD MEMBER,
OFFICER, STAFF MEMBER AND VOLUNTEER SHALL SIGN AND DATE THE POLICY AT THE
BEGINNING OF HIS/HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR
THEREAFTER. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST
OR ANY CONDITION LISTED IN THE POLICY, THE BOARD OF DIRECTORS SHALL
DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL
VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED
NECESSARY TO ADDRESS THE CONFLICT AND PROTECT HHS' BEST INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TOP MANAGEMENT
OFFICIALS, WILL BE DONE ANNUALLY BY INDEPENDENT PERSON(S) AND INCLUDE A
REVIEW AND APPROVAL, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

HOUSTON HUMANE SOCIETY

Employer identification number

74-1340341

OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS OFFICES
LOCATED AT 14812 ALMEDA ROAD, HOUSTON, TX 77053.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED IT'S OVERSIGHT PROCESS OR THE
SELECTION PROCESS DURING THE TAX YEAR.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	AUTO & TRUCK							
83	1996 V-8 CREW CAB PICK-UP							
	052196	200DB	5.00	16	21,592.		19,580.	0.
149	TOYOTA FOR CRUELTY RESCUE							
	101600	200DB	5.00	16	19,354.		17,459.	0.
162	CRUELTY VAN							
	041502	SL	5.00	16	30,856.		30,856.	0.
175	TAX ON CRUELTY VAN							
	020603	SL	5.00	16	1,459.		1,459.	0.
187	2004 GMC YUKON							
	071204	200DB	5.00	21	31,102.		22,335.	1,675.
	LESS EXCLUSION							
							-8,823.	0.
310	2011 TOYOTA VENZA							
	051712	SL	5.00	21	33,546.	11,160.	2,075.	2,075.
	LESS EXCLUSION							
					-20,668.	-6,876.		-1,278.
	* 990 PAGE 10 TOTAL - AUTO & TRUCK							
					117,241.	4,284.	84,941.	2,472.
	BUILDINGS & LAND							
19	KENNELS							
	103190	SL	27.50	16	98,570.		83,181.	3,584.
21	RECLASS LEGAL FEES							
	123190	SL	27.50	16	12,419.		10,709.	452.
22	ALL-PHASE							
	022891	SL	27.50	16	1,544.		1,287.	56.
23	HEATING & WIRING OLD KENNEL							
	123192	SL	27.50	16	21,510.		16,421.	782.
25	SW REMODELING							
	080186	SL	20.00	16	800.		800.	0.
26	CONF COST CK #101							
	053189	SL	27.50	16	300.		270.	11.
27	CONTEXT BUILDERS CK #18742							
	073189	SL	27.50	16	525.		465.	19.
28	HARRY D LANE ASSOC							
	083189	SL	27.50	16	1,607.		1,417.	58.
29	QUALITY EQUIPMENT CO							
	033191	SL	27.50	16	523.		433.	19.
30	GRAINGER							
	040191	SL	27.50	16	517.		430.	19.
31	GULF-TEX							
	042495	150SL	15.00	16	7,800.		7,800.	0.
33	SEPTIC TANK							
	083095	SL	39.00	16	4,817.		2,237.	124.
34	SEPTIC TANK							
	102095	SL	39.00	16	7,336.		3,383.	188.
35	SEPTIC TANK							
	111695	SL	39.00	16	2,618.		1,209.	67.
36	SEPTIC TANK							
	121995	SL	39.00	16	5,906.		2,723.	151.
37	SEPTIC TANK							
	012096	SL	39.00	16	3,831.		1,760.	98.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
38	SEPTIC TANK							
	022396SL	39.00	16		2,025.		927.	52.
39	SEPTIC TANK							
	041596SL	39.00	16		1,350.		630.	35.
43	SHELTER & OFFICES							
	010187SL	20.00	16		354,616.		354,616.	0.
44	LANDSCAPING							
	010187SL	20.00	16		7,822.		7,822.	0.
45	BUILDING ADDITIONS							
	071587SL	27.50	16		25,346.		24,527.	819.
46	JOHNNY NEMEC							
	030893SL	27.50	16		3,000.		2,267.	109.
47	ROOF REPLACEMENT							
	123196SL	39.00	16		6,465.		3,144.	166.
49	SPAY/NEUTER CLINIC							
	083189SL	27.50	16		18,887.		16,747.	687.
50	SPAY/NEUTER CLINIC							
	093089SL	27.50	16		26,422.		25,290.	961.
51	SPAY/NEUTER CLINIC							
	103189SL	27.50	16		11,756.		10,340.	427.
52	SPAY/NEUTER CLINIC							
	113089SL	27.50	16		7,391.		6,488.	269.
53	SPAY/NEUTER CLINIC							
	123189SL	27.50	16		2,219.		1,945.	81.
54	MILLER & GERISH							
	022890SL	27.50	16		278.		239.	10.
58	KENNEL ADDITIONS							
	010193SL	27.50	16		23,826.		18,224.	866.
59	KENNEL ADDITIONS							
	010193SL	27.50	16		33,153.		25,375.	1,206.
60	1ST NATIONAL BANK							
	010193SL	27.50	16		496.		379.	18.
61	ALL PHASE							
	013191SL	27.50	16		724.		548.	26.
62	ALL PHASE							
	022891SL	27.50	16		298.		231.	11.
63	ALL PHASE							
	033191SL	27.50	16		2,338.		1,789.	85.
64	TRIPLE S ASPHALT							
	073191SL	27.50	16		3,357.		2,567.	122.
65	WINCO							
	083191SL	27.50	16		22,200.		16,982.	807.
66	JOHNNY NEMEC							
	103191SL	27.50	16		1,765.		1,347.	64.
67	ROBERT COREALE BUILDERS							
	110791SL	27.50	16		1,177.		904.	43.
68	JOHNNY NEMEC							
	112291SL	27.50	16		4,910.		3,765.	179.
69	CHRISTINA STONE TRUST							
	121291SL	27.50	16		11,000.		8,417.	400.
70	KENNEL ADDITIONS							
	093091SL	27.50	16		44,085.		33,730.	1,603.
71	HOUSTON TRASH & REFUSE							
	082492SL	27.50	16		1,400.		1,073.	51.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
72	KENNEL ADDITIONS							
	093092	SL	27.50	16	22,375.		17,126.	814.
73	KENNEL ADDITIONS							
	123192	SL	27.50	16	58,228.		44,507.	2,117.
74	JOHNNY NEMEC							
	010793	SL	27.50	16	1,074.		818.	39.
76	JOHNNY NEMEC							
	041493	SL	27.50	16	6,810.		5,134.	248.
80	SEPTIC SYSTEM							
	113089	200DB	7.00	16	9,500.		9,500.	0.
156	WIRING & CABLE FOR COMPUTERS							
	081000	SL	39.00	16	3,665.		1,261.	94.
163	NEW CLINIC BUILDING							
	102402	SL	39.00	16	551,731.		157,975.	14,147.
164	SEPTIC SYSTEM							
	083102	SL	39.00	16	28,194.		8,194.	723.
176	NEW CLINIC							
	040603	SL	39.00	16	1,000.		279.	26.
177	FOUNDATION FOR BUILDING							
	010104	SL	39.00	16	12,736.		3,270.	327.
188	METAL BUILDING							
	062404	SL	39.00	16	77,544.		18,886.	1,988.
189	STEEL FOR BARN							
	072904	SL	39.00	16	50,348.		12,157.	1,291.
190	PARKING LOT							
	093004	SL	7.00	16	221,946.		221,946.	0.
191	APPRAISAL FOR NEW ADOPTIVE CENTER							
	103104	SL	39.00	16	4,000.		944.	103.
192	ENVIRONMENTAL TEST FOR ADOPTIVE CENTER							
	113004	SL	39.00	16	1,800.		418.	46.
194	METAL BUILDING							
	010106	SL	39.00	16	132,961.		27,272.	3,409.
195	NEW ADOPTION CENTER							
	010106	SL	39.00	16	260,216.		53,376.	6,672.
201	NEW ADOPTION CENTER							
	070106	SL	39.00	16	519,224.		99,848.	13,313.
202	NEW ADOPTION CENTER - CONTRACT							
	070106	SL	39.00	16	37,800.		7,268.	969.
212	CONSTRUCTION IN PROGRESS NEW ADOPTION CENTER							
	091508	SL	39.00	16	1,695,406.		231,851.	43,472.
222	NEW ADOPTION CENTER							
	091508	SL	39.00	16	577,083.		78,917.	14,797.
223	SIGN SYSTEM							
	091508	SL	7.00	16	29,975.		22,837.	4,282.
224	FENCE							
	063008	SL	7.00	16	3,352.		2,634.	479.
225	SIGNS							
	042508	SL	7.00	16	2,240.		1,813.	320.
230	SIGN							
	033108	SL	7.00	16	2,800.		2,300.	400.
235	SIGN							
	101208	SL	7.00	16	1,988.		1,491.	284.
254	SIGN							
	021809	SL	7.00	16	344.		237.	49.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
255	SIGN							
	041009	SL	7.00	16	1,970.		1,335.	281.
256	FENCE & GATE							
	051109	SL	7.00	16	4,996.		3,332.	714.
257	NEW ADOPTION CENTER							
	080309	SL	39.00	16	510,994.		57,867.	13,102.
259	SIGN							
	121609	SL	7.00	16	459.		264.	66.
273	BUILDING RENOVATIONS							
	111710	SL	39.00	16	81,940.		6,471.	2,101.
290	BUILDING ADDITIONS							
	123110	SL	39.00	16	26,000.		2,001.	667.
292	COMPOSITE MARBLE WALLS FOR CAT ADOPTION ROOM							
	022311	SL	39.00	16	6,452.		468.	165.
293	FUTURE ANIMAL HOSPITAL							
	052011	SL	39.00	16	16,000.		1,059.	410.
294	DOG KENNEL IMPROVEMENTS							
	071811	SL	39.00	16	8,756.		544.	225.
295	FENCE							
	070311	SL	7.00	16	4,944.		1,765.	706.
296	BUILDING IMPROVEMENTS - ELECTRICAL WORK							
	072811	SL	39.00	16	4,000.		249.	103.
297	CAGES							
	081511	SL	7.00	16	8,960.		3,093.	1,280.
298	GATES							
	101911	SL	7.00	16	3,675.		1,138.	525.
299	BERNIE'S BACKYARD							
	103111	SL	39.00	16	41,527.		2,307.	1,065.
300	5 GATES							
	110111	SL	7.00	16	2,970.		919.	424.
301	FENCE							
	111111	SL	7.00	16	2,750.		851.	393.
302	FENCE							
	111611	SL	7.00	16	1,226.		365.	175.
303	ROOF REPLACEMENT - ANIMAL INTAKE							
	112911	SL	39.00	16	6,195.		331.	159.
308	CONSTRUCTION IN PROGRESS							
	123111	SL	39.00	16	52,314.		2,682.	1,341.
309	CONSTRUCTION IN PROGRESS							
	123111	SL	39.00	16	10,376.		1,446.	266.
325	STEEL GATES							
	090613	200DB	7.00	17	4,420.	2,210.	316.	541.
326	SURVEY OF LAND							
	121213	SL	39.00	16	5,950.		13.	153.
336	BUILDING AUDIT A/E							
	010113	SL	39.00	16	35,636.		914.	914.
339	ELECTRIC FURNACE, EVAPORATORS & CONDENSERS							
	102214	SL	39.00	16	11,230.			48.
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND							
					5,957,009.	2,210.	1,826,827.	150,958.
20	LAND							
	103190	L			24,643.			0.
32	LAND							
	033195	L			34,400.			0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
200	LAND							
	121306L				52,709.			0.
324	LAND							
	110212L				3,578,386.			0.
	* 990 PAGE 10 TOTAL - BUILDINGS & LAND							
					3,690,138.	0.	0.	0.
	FURNITURE & FIXTURES							
48	COASTS GRAPHICS & SIGNS							
	090597150DB15.0017				10,100.		9,928.	0.
75	FOSTER FENCE							
	020993SL		10.0016		3,800.		2,799.	0.
96	CAGES							
	031581SL		5.00 16		3,192.		3,192.	0.
97	CAGES							
	031584SL		5.00 16		752.		752.	0.
98	CAGES							
	041582SL		5.00 16		2,532.		2,532.	0.
99	CAGES							
	103188200DB7.00 16				3,024.		3,024.	0.
100	CAGES							
	013190200DB7.00 16				9,690.		9,690.	0.
104	OUTDOOR FENCING							
	041582SL		5.00 16		2,053.		2,053.	0.
105	ASTRO FENCING							
	011587150DB15.0016				1,034.		959.	0.
106	OUTDOOR FENCING							
	061587150DB15.0016				1,228.		1,023.	0.
107	THE WEEKS CO							
	013190150DB15.0016				14,962.		12,499.	0.
108	HOUSTON FENCE							
	042194150DB15.0016				4,692.		3,706.	0.
109	AMERICAN FENCE							
	031397150DB15.0016				3,587.		2,821.	0.
110	AMERICAN FENCE							
	070997150DB15.0016				3,042.		2,415.	0.
124	ANIMAL KINGDOM FURNITURE & FIXTURES							
	112197SL		7.00 16		2,422.		2,422.	0.
135	FIXTURE HOOKS							
	012998SL		7.00 16		581.		581.	0.
136	SHELTER TRUCK UPGRADE							
	022798SL		7.00 16		576.		576.	0.
137	TREE OF LIFE							
	123198SL		7.00 16		1,000.		1,000.	0.
146	TREE OF LIFE							
	021999SL		7.00 16		1,735.		1,735.	0.
150	FURNITURE & FIXTURES							
	080900SL		7.00 16		1,940.		1,940.	0.
151	GE CORPORATE PLUS							
	082900SL		7.00 16		541.		541.	0.
165	CAGES IN NEW CLINIC							
	080802SL		7.00 16		12,405.		12,405.	0.
166	TREE OF LIFE							
	093002SL		7.00 16		3,602.		3,602.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
167	NEW CLINIC BENCHES							
	101002	SL	7.00	16	1,627.		1,624.	0.
178	STORAGE CONTAINERS							
	022603	SL	5.00	16	4,200.		4,200.	0.
179	STORAGE CONTAINERS							
	033103	SL	5.00	16	4,540.		4,540.	0.
196	MOBILE STORAGE CONTAINER							
	090805	SL	7.00	16	3,950.		3,950.	0.
203	TENTS							
	031706	SL	7.00	16	2,408.		2,408.	0.
204	FENCE							
	031706	SL	7.00	16	10,276.		10,276.	0.
205	2 BENCHES							
	062706	SL	7.00	16	3,193.		3,193.	0.
221	MISCELLANEOUS ASSET							
	070107	SL	7.00	16	1,646.		1,528.	118.
226	OFFICE FURNITURE							
	020508	SL	7.00	16	2,791.		2,360.	399.
227	OFFICE FURNITURE							
	021108	SL	7.00	16	1,359.		1,148.	194.
228	WATER FOUNTIAN							
	022808	SL	7.00	16	749.		624.	107.
229	OFFICE FURNITURE							
	030408	SL	7.00	16	3,842.		3,202.	549.
231	OFFICE FURNITURE							
	052208	SL	7.00	16	946.		754.	135.
232	CAGES							
	052208	SL	7.00	16	1,969.		1,569.	281.
233	BENCH							
	082008	SL	7.00	16	5,750.		4,379.	821.
234	OFFICE FURNITURE							
	093008	SL	7.00	16	1,641.		1,229.	234.
236	OFFICE FURNITURE							
	102808	SL	7.00	16	2,147.		1,586.	307.
237	CONTAINER							
	111308	SL	7.00	16	3,350.		2,475.	479.
238	CAGES							
	122408	SL	7.00	16	2,127.		1,520.	304.
260	CAGES							
	021109	SL	7.00	16	4,340.		3,048.	620.
261	BENCH							
	022809	SL	7.00	16	2,240.		1,547.	320.
262	FURNITURE							
	031909	SL	7.00	16	958.		651.	137.
263	PICTURE FRAMING							
	042909	SL	7.00	16	655.		438.	94.
264	FURNITURE							
	061809	SL	7.00	16	2,200.		1,413.	314.
265	CABINET							
	121609	SL	7.00	16	2,640.		1,508.	377.
274	DOG AND CAT BEDS							
	032610	SL	7.00	16	2,608.		1,398.	373.
275	RECEPTION DESK							
	122210	SL	7.00	16	1,862.		798.	266.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
31112	EXECUTIVE CHAIRS							
	091212	200DB	7.00	17	1,560.	780.	302.	137.
327	VERSA SHOWER PET TUB							
	051413	200DB	7.00	17	3,930.	1,965.	281.	481.
328	BLUE LINE PENINSULA EXAM TABLE							
	051513	200DB	7.00	17	2,503.	1,252.	179.	306.
329	VERSA SHOWER DOG TUB							
	051513	200DB	7.00	17	3,942.	1,971.	282.	483.
340	OVERHEAD DOOR							
	050714	SL	39.00	16	2,130.			36.
* 990 PAGE 10 TOTAL - FUNITURE & FIXTURES					178,569.	5,968.	146,605.	7,872.
MACHINERY & EQUIPMENT								
24	KENNEL A/C							
	082797	200DB	7.00	17	3,750.		3,463.	0.
40	PORTABLE BUILDING							
	063087	SL	5.00	16	1,285.		1,285.	0.
41	PORTABLE BUILDING							
	063087	SL	5.00	16	2,025.		2,025.	0.
42	ALEXANDER TENT CO							
	031097	200DB	7.00	17	2,400.		1,970.	0.
55	SURGICAL TABLES							
	053191	200DB	7.00	16	1,859.		1,423.	0.
56	SURGERY LIGHTS							
	123191	200DB	7.00	16	2,425.		1,856.	0.
57	HENRY SCHEIM							
	123192	200DB	7.00	16	6,841.		3,799.	0.
77	KENNEL A/C							
	082797	SL	7.00	16	3,750.		3,750.	0.
78	KENNEL A/C							
	090997	SL	7.00	16	2,600.		2,600.	0.
79	KENNEL A/C							
	091197	SL	7.00	16	2,250.		2,250.	0.
85	OFF. EQUIP PURCH @ SAMS							
	022890	200DB	7.00	16	526.		526.	0.
87	OFF EQUIP PURCH @ SAMS							
	103190	200DB	7.00	16	421.		421.	0.
88	TELEPHONE EQUIPMENT							
	103190	200DB	7.00	16	993.		993.	0.
89	SUBURBAN SURGICAL							
	053091	200DB	7.00	16	1,083.		1,083.	0.
90	EQUIPMENT							
	083191	200DB	7.00	16	6,397.		6,397.	0.
92	OFFICE DEPOT							
	022195	200DB	7.00	16	810.		749.	0.
93	VENDING MACHINE							
	060597	200DB	7.00	17	2,295.		2,004.	0.
111	INCINERATOR							
	100186	SL	5.00	16	25,436.		25,436.	0.
112	EQUIPMENT							
	123190	200DB	7.00	16	1,325.		1,325.	0.
113	TX INFRA RED							
	020392	200DB	7.00	16	558.		558.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
114	JOSE ALVEDA							
	051192	200DB	7.00	16	650.		650.	0.
115	AUTOCLAVE							
	103192	200DB	7.00	16	2,728.		2,728.	0.
116	NIKON INVESTMENT GROUP							
	020193	200DB	7.00	16	1,091.		1,046.	0.
117	INCINERATOR FLOOR							
	123192	200DB	7.00	16	1,225.		1,154.	0.
119	DEVOE & REYNOLDS							
	012595	200DB	7.00	16	1,000.		924.	0.
120	LANSDOWN-MOODY							
	040795	200DB	7.00	16	6,542.		6,041.	0.
121	LANSDOWN-MOODY							
	051795	200DB	7.00	16	6,640.		6,131.	0.
122	LANSDOWN-MOODY							
	062095	200DB	7.00	16	6,640.		6,048.	0.
123	NELLCOR							
	032896	200DB	7.00	16	4,146.		3,785.	0.
138	TIME CLOCK							
	030398	SL	7.00	16	895.		895.	0.
142	MOWER							
	052499	SL	7.00	16	3,264.		3,264.	0.
143	MOWER							
	062899	SL	7.00	16	989.		989.	0.
144	MOWER							
	093099	SL	7.00	16	900.		900.	0.
147	WASHER							
	022899	SL	7.00	16	999.		999.	0.
152	EQUIPMENT - ASTELCO							
	101100	SL	7.00	16	5,900.		5,900.	0.
155	SCALE FOR CLINIC							
	120100	SL	7.00	16	986.		986.	0.
158	NEW EQUIPMENT							
	033101	SL	7.00	16	1,181.		1,181.	0.
159	NEW EQUIPMENT							
	073101	SL	7.00	16	4,132.		4,132.	0.
168	WASHER & DRYER							
	071802	SL	7.00	16	6,155.		6,155.	0.
169	SURGERY TABLES							
	082102	SL	7.00	16	5,206.		5,206.	0.
170	EXAM TABLES							
	101802	SL	7.00	16	3,116.		3,116.	0.
180	X-RAY MACHINE FOR CLINIC							
	032803	SL	5.00	16	2,250.		2,250.	0.
181	ENGRAVING MACHINE							
	112003	SL	5.00	16	3,060.		3,060.	0.
206	HEAVY EQUIP. SWEEPER, SKID STEER & 2 ATV'S							
	013106	SL	7.00	16	39,592.		39,592.	0.
207	BANNER							
	032906	SL	7.00	16	1,840.		1,840.	0.
208	GEAR REPAIR							
	081506	SL	7.00	16	2,200.		2,200.	0.
209	3 PRESSURE WASHERS							
	092106	SL	7.00	16	5,535.		5,535.	0.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
213	CONSTRUCTION IN PROGRESS AUDIO VISUAL SYSTEM							
	123108	SL	39.00	16	29,662.		3,805.	761.
216	ANESTHESIA MACHINE							
	033107	SL	7.00	16	1,850.		1,782.	68.
217	REFRIGERATOR							
	041807	SL	7.00	16	2,300.		2,193.	107.
218	KUBOTA RTV900W6-H W/CANOPY							
	081507	SL	7.00	16	10,572.		9,689.	883.
219	FREEZER							
	091107	SL	7.00	16	3,100.		2,806.	294.
220	FENCE							
	011407	SL	7.00	16	16,532.		16,532.	0.
239	TV'S							
	012408	SL	7.00	16	7,713.		6,520.	1,102.
240	HOT WATER SYSTEM							
	012408	SL	7.00	16	5,420.		4,580.	774.
241	TV'S							
	030408	SL	7.00	16	1,200.		998.	171.
242	EXAM TABLE							
	031708	SL	7.00	16	1,000.		822.	143.
243	A/C							
	042308	SL	7.00	16	4,700.		3,803.	671.
244	GENERATOR							
	091108	SL	7.00	16	19,500.		14,859.	2,786.
245	AV SYSTEM							
	093008	SL	7.00	16	15,365.		11,524.	2,195.
246	AV SYSTEM							
	111808	SL	7.00	16	14,712.		10,685.	2,102.
247	HOT WATER PRESSURE							
	112308	SL	7.00	16	10,525.		7,645.	1,504.
266	AIR CONDITIONING							
	052709	SL	7.00	16	3,600.		2,356.	514.
267	AIR CONDITIONING							
	063009	SL	7.00	16	2,240.		1,440.	320.
268	AIR CONDITIONING							
	110909	SL	7.00	16	6,494.		3,867.	928.
269	AIR CONDITIONING							
	112309	SL	7.00	16	3,745.		2,185.	535.
276	SECURITY CAMERAS							
	020910	SL	7.00	16	1,244.		697.	178.
277	VET XRAY FILM SYSTEM							
	032310	SL	7.00	16	18,258.		9,780.	2,608.
278	IDEXX-DR 1417							
	032310	SL	7.00	16	68,070.		36,465.	9,724.
279	J568VSQ VIDEO ENDOSCOPE 8MM							
	042810	SL	7.00	16	18,900.		9,900.	2,700.
280	HI-E DRY 195 DEHUMIDIFIER							
	052810	SL	7.00	16	2,993.		1,533.	428.
281	KAIVAC 17GAL CLEANING SYSTEM							
	063010	SL	7.00	16	2,707.		1,354.	387.
282	KAIVAC 17GAL CLEANING SYSTEM							
	063010	SL	7.00	16	2,860.		1,431.	409.
283	AUTO SCRUBBER W100AH GEL BATT							
	063010	SL	7.00	16	3,908.		1,953.	558.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
284	EAGLE 24" SMART VAC VACUUM							
	101010SL		7.00	16	1,889.		877.	270.
288	WATER HEATER							
	123110SL		7.00	16	1,106.		474.	158.
289	DEHUMIDIFIER							
	123110SL		7.00	16	3,027.		1,296.	432.
304	SURGIVET UNIVERSAL CDS9000 WITH FLOWMETER POLE							
	031511SL		7.00	16	2,083.		844.	298.
305	INSTALL GILLS & BALANCING DAMPERS							
	042111SL		7.00	16	2,400.		915.	343.
306	INSTALL 3 SUPPLY GILLS & DAMPERS							
	053111SL		7.00	16	3,500.		1,292.	500.
307	FIT FUR LIFE PROFESSIONAL TREADMILL							
	111611SL		7.00	16	3,354.		998.	479.
312	CARDELL MONITOR							
	012612200DB		7.00	17	3,595.	1,798.	697.	314.
313	INJET LABLE PRINTER - COLOR							
	020912200DB		5.00	17	1,129.	565.	293.	108.
314	SS3 20" PAD DRIVE AUTO SCRUB							
	041112200DB		7.00	17	5,777.	2,889.	1,120.	505.
315	REBUILT SCOUT 24 SWEEPER							
	061212200DB		7.00	17	1,050.	525.	204.	92.
316	CD 800 PRINTER							
	071812200DB		5.00	17	2,243.	1,122.	583.	215.
317	DELL COMPUTER							
	071812200DB		5.00	17	2,785.	1,393.	724.	267.
318	LIGHT CENTURION 2 CELL							
	082012200DB		7.00	17	4,362.	2,181.	846.	381.
319	LIGHT CENTURION 2 CELL							
	092812200DB		7.00	17	3,385.	1,693.	656.	296.
320	HOTSY 1075SSE							
	110612200DB		7.00	17	6,195.	3,098.	1,201.	542.
323	AUTOCLAVE ULTRAClave							
	042512200DB		7.00	17	4,951.	2,476.	960.	433.
330	REBUILT T-3 AUTO SCRUBBER							
	010513200DB		7.00	17	3,139.	1,570.	224.	384.
331	SONIC WALL							
	022613200DB		5.00	17	1,759.	880.	176.	281.
332	7.5 TON R22 AIR CONDENSER FOR SURGICAL AREA							
	061413200DB		7.00	17	3,640.	1,820.	260.	446.
341	2 SCALES							
	021714200DB		7.00	19C	1,070.	535.		669.
342	SCRUBBER							
	042914200DB		7.00	19C	2,344.	1,172.		1,381.
343	DISHWASHER							
	111714200DB		7.00	19C	19,492.	9,746.		10,094.
344	WATER HEATER							
	111714200DB		7.00	19C	2,748.	1,374.		1,423.
347	DISHWASHER CONNECTION							
	111714200DB		7.00	19C	1,117.	559.		579.
* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT								
					555,201.	35,396.	366,464.	53,740.
	ALARM SYSTEM							

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
94	ALARM SYSTEM							
	123190	200DB	7.00	16	4,180.		4,180.	0.
95	ROLLINS							
	121294	200DB	7.00	16	1,096.		1,096.	0.
214	SECURITY SYSTEM							
	102907	SL	39.00	16	45,266.		7,159.	1,161.
248	SECURITY SYSTEM							
	021108	SL	7.00	16	9,713.		8,212.	1,388.
249	FIRE ALARM SYSTEM							
	030408	SL	7.00	16	15,683.		13,067.	2,240.
270	SECURITY SYSTEM							
	043009	SL	7.00	16	4,928.		3,285.	704.
285	SECURITY SYSTEM EQUIPMENT							
	072910	SL	7.00	16	1,730.		844.	247.
286	HYBRID DIGITAL EVENT RECORDER TOWER							
	082610	SL	7.00	16	2,520.		1,200.	360.
345	FIRE ALARM SYSTEM							
	091014	200DB	7.00	19C	2,663.	1,332.		1,475.
	* 990 PAGE 10 TOTAL - ALARM SYSTEM							
					87,779.	1,332.	39,043.	7,575.
	TELECOM SYSTEM							
101	TELECOM SYSTEM							
	123190	200DB	7.00	16	5,407.		5,407.	0.
102	PROSTAR							
	121995	200DB	7.00	16	3,470.		3,204.	0.
103	NORTHERN COMMUNICATIONS							
	111797	200DB	7.00	17	15,979.		15,814.	0.
193	PHONE SYSTEM							
	080904	SL	7.00	16	7,210.		7,210.	0.
250	PHONE SYSTEM							
	022808	SL	7.00	16	13,270.		11,060.	1,896.
	* 990 PAGE 10 TOTAL - TELECOM SYSTEM							
					45,336.	0.	42,695.	1,896.
	COMPUTER HARDWARE							
86	COMPUTERIZED EQUIPMENT							
	043090	200DB	5.00	16	13,354.		13,354.	0.
153	DELL COMPUTERS							
	081000	SL	5.00	16	14,046.		14,046.	0.
154	DELL COMPUTER							
	091500	SL	5.00	16	2,421.		2,421.	0.
171	COMPUTER							
	063002	SL	5.00	16	1,600.		1,600.	0.
172	COMPUTERS FOR AKB							
	071002	SL	5.00	16	1,796.		1,796.	0.
173	COMPUTERS FOR NEW CLINIC							
	082002	SL	5.00	16	2,026.		2,026.	0.
182	LAPTOP							
	072103	SL	5.00	16	1,198.		1,198.	0.
183	LAPTOP							
	092403	SL	5.00	16	1,578.		1,578.	0.
197	DELL COMPUTERS							
	072105	SL	5.00	16	7,869.		7,869.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
198	DELL COMPUTER							
	072605SL	5.00	16		2,709.		2,709.	0.
199	DELL COMPUTER							
	082505SL	5.00	16		2,254.		2,254.	0.
210	5 COMPUTERS							
	031706SL	5.00	16		5,418.		5,418.	0.
215	CONSTRUCTION IN PROGRESS - COMPUTER CABLING							
	123108SL	39.00	16		10,000.		1,280.	256.
251	COMPUTERS							
	030408SL	5.00	16		8,292.		8,292.	0.
252	COMPUTER							
	032608SL	5.00	16		684.		684.	0.
253	COMPUTERS							
	082008SL	5.00	16		3,305.		3,305.	0.
287	DELL COMPUTER							
	082610SL	5.00	16		2,290.		1,527.	458.
321	SENTINEL NAS SERVER							
	113012200DB	5.00	17		1,000.	500.	260.	96.
322	4 DELL COMPUTERS							
	113012200DB	5.00	17		1,710.	855.	445.	164.
333	DELL COMPUTER							
	031013200DB	5.00	17		1,734.	867.	173.	278.
334	DELL COMPUTER							
	032613200DB	5.00	17		1,948.	974.	195.	312.
335	BARRACUDA BACKUP 390							
	031013200DB	5.00	17		3,372.	1,686.	337.	540.
	* 990 PAGE 10 TOTAL - COMPUTER HARDWARE				90,604.	4,882.	72,767.	2,104.
	COMPUTER SOFTWARE							
126	RICHMOND IMAGING ASSOC							
	120391	60M	43		1,200.		1,200.	0.
127	ADVANCED SYSTEM GROUP							
	063093	60M	43		10,825.		10,825.	0.
128	SOFTWARE							
	052196SL	7.00	16		7,180.		7,180.	0.
139	UNILINK SOFTWARE							
	080398SL	5.00	16		434.		434.	0.
148	COMPUTER SOFTWARE							
	102999SL	5.00	16		999.		999.	0.
174	RETAIL PRO SOFTWARE							
	063002	36M	43		3,900.		3,900.	0.
184	WEBSITE DESIGN							
	022803	60M	43		8,385.		8,385.	0.
185	WEBSITE DESIGN							
	123103	60M	43		5,625.		5,625.	0.
211	MAS 90 SOFTWARE							
	123106197	60M	43		7,240.		7,240.	0.
271	WEBSITE DESIGN							
	051209	60M	43		4,000.		3,733.	267.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE				49,788.	0.	49,521.	267.
	CONSTRUCTION IN PROGRESS							

