Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning and o	ending				
В	Check if applicabl	C Name of organization		D Employer identif	ication number		
	Addre	PAWS - GULF COAST HUMANE SOCIETY					
	Name chang			74-12662	245		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er		
	Final return	3118 CABANISS PKWY		(361) 22	25-0845		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 2,870,799.				
	Ameno return	CORPUS CHRISII, IX /0415		H(a) Is this a group			
	Application	F Name and address of principal officer: ALISA L MILLS		for subordinate	s? Yes X No		
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No		
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See instructions		
	Websi			H(c) Group exempti			
		organization: X Corporation Trust Association Other	L Year	of formation: 1945	M State of legal domicile: $\mathbf{T}\mathbf{X}$		
P	art I	Summary					
ď	1	Briefly describe the organization's mission or most significant activities: TO PF	ROVIDE	FACILITIES	AND		
Governance		VETERINARIAN SERVICE TO CARE FOR HOMELESS					
i.	2	Check this box if the organization discontinued its operations or dispose					
Š	3			<u> 3</u>			
<u>ن</u> چ	4	Number of independent voting members of the governing body (Part VI, line 1b)					
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)					
Activities &	6	Total number of volunteers (estimate if necessary)					
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					
_	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	Current Year		
		Contributions and avanta (Dout VIII line 11b)		1,506,995.			
e	8	Contributions and grants (Part VIII, line 1h)		243,367.			
Revenue	9	Program service revenue (Part VIII, line 2g)		42,365.	28,999.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,222.	60,608.		
	1			1,912,949.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.			
	1			0.			
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,057,700.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.			
Den	b	Total fundraising expenses (Part IX, column (D), line 25) 18,00)8.				
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,259,146.	1,196,763.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,316,846.			
		Revenue less expenses. Subtract line 18 from line 12		-403,897.			
or or	G		Ве	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		3,991,869.	4,044,240.		
Ass	21	Total liabilities (Part X, line 26)		24,969.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,966,900.	4,022,316.		
P	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
		0:					
Sig		Signature of officer		Date			
He	re	ALISA L MILLS, EXECUTIVE DIRECTOR					
		Type or print name and title	I r	Doto Louis	DTIN		
		Print/Type preparer's name Preparer's signature	'	Date Check if	PTIN		
Pai		RANDY L. WALKER, CPA		self-empl			
	parer	Firm's name RANDY WALKER & CO		Firm's EIN 2	20-3992693		
USE	Only	Firm's address 7800 IH 10 WEST, STE. 505 SAN ANTONIO, TX 78230		D	10-366-9430		
N46	v tha II				X Yes No		
ıvıd	y une th	10 GIBCUBB THIS TETUTT WITH THE PREPARE SHOWN ADDIVE! SEE HISTRUCTIONS			L41 162 L NO		

2,179,104.

Form 990 (2022)

Total program service expenses

Part IV Checklist of Required Schedules

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

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ı uı	Officerist of nequired Scriedules (continued)		1	
	P::		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_~
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
04.5	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check 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	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

232004 12-13-22

Form **990** (2022)

Form 990 (2022) PAWS - GULF COAST HUMANE SOCIETY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	44					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х			
	D. I			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X		
	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	e orga	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).		_					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	orovided to the payor?	7a		X		
b				7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		37		
	to file Form 8282?	 I – .		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	'			Х		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		200 oo roquirod?	7 <u>1</u>				
g h	If the organization received a contribution of qualified intellectual property, did the organization file re-			7 <u>9</u> 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!				
Ü		•		8				
9	Sponsoring organizations maintaining donor advised funds.							
а								
b	Did the control in a control in a color of the transfer of the color o			9a 9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
р	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1					
_	organization is licensed to issue qualified health plans	13c						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х		
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			טדו				
	excess parachute payment(s) during the year?			15		х		
	If "Yes," see the instructions and file Form 4720, Schedule N.			15				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х		
. •	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

Form **990** (2022)

PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to	be filed	NONE					
18	Section 6104 requires an organization to make its Forms 1023	(1024 or 1024-A, if ap	pplicable), 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 X Another's website X U	pon request	Other (explain on Schedule O)					
10	Describe on Schedule O whether (and if so, how) the organization	ion made its governin	and documents, conflict of interest policy, a	nd financial				

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (361) 225-0845

3118 CABANISS PKWY, CORPUS CHRISTI, 78415

Form **990** (2022)

232006 12-13-22

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

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

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

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

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

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

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average hours per	(do	not cl	heck i	more	than o	one	Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	Institutional trustee	_	Key employee	Highest compensated employee	e.	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			, o
(1) ALISA MILLS	40.00									
EXECUTIVE DIRECTOR				Х				63,789.	0.	0.
(2) DENNY BALES	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CURTIS SPEED	1.00									
DIRECTOR		Х						0.	0.	0.
(4) ROSEANNE RHOADES	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(5) MARK GOODMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(6) JAMES THAXTON	1.00	ļ							•	•
DIRECTOR (THROUGH FEB 2022)	1.00	Х						0.	0.	0.
(7) MITCHELL CLARK	1.00								•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(8) LESLIE RUTA	1.00	Х		х				0.	0.	0
VICE PRESIDENT (9) KALLIA SHOOK	1.00	A		Α.				0.	0.	0.
TREASURER	1.00	Х		х				0.	0.	0.
(10) KENT NIELSEN	1.00	Λ		^				0.	0.	0.
SECRETARY	1.00	х		х				0.	0.	0.
								•	•	
		1								
		1								
		4								
										- 000 (sees)

Form **990** (2022)

	Form 990 (2022) PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 8										
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hig	hes	t C	ompensated Employee	s (continued)	,	
(A) Name and title	(B) Average hours per week (list any hours for	verage urs per week st any urs for					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/	(F) Estimated amount of other compensation from the	
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations	
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							63,789. 0. 63,789.	0. 0.	0.	
Total number of individuals (including but n compensation from the organization							re			O Yes No	
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual									3 X	
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue compen	" <i>coi</i> isatio	<i>mple</i> on fr	ete S om a	ched any u	<i>dule</i> unre	J fo	or such individual ed organization or individ	dual for services	4 X 5 X	
rendered to the organization? If "Yes," come Section B. Independent Contractors	i <u>piete Scheaule</u>	9 J TC	or su	cn p	ersc	on				<u> </u>	
Complete this table for your five highest co the organization. Report compensation for											
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices ((C) Compensation	
Total number of independent contractors (ii \$100,000 of compensation from the organize	•	ot lin	nited	to t	hose 0		ed	above) who received mo	ore than	Form 990 (2022)	

PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 42,397. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,469,155. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 2,511,552. h Total. Add lines 1a-1f **Business Code** 179,908. 179,908. 2 a ADOPTION FEES 900099 Program Service Revenue b INTAKE AND SURRENDER 900099 29,039. 29,039. 18,331. 18,331. c VET AND CLINIC FEES 900099 900099 6,848. 6,848. d OTHER PROGRAM f All other program service revenue 234,126. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28,999 28,999. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 59,541. 59,541. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$42,397. ofcontributions reported on line 1c). See 35,514. Part IV, line 18 35,514. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 1,067. 1,067 d All other revenue

232009 12-13-22

1,067.

2,835,285.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

234,126.

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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	63,789.	52,320.	10,794.	675
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 150 000	0.4.0.00	104 544	10 151
7	Other salaries and wages	1,150,823.	943,908.	194,744.	12,171
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F0 380	40 000	0.400	F 0.4
9	Other employee benefits	59,370.	49,277.	9,499.	594
0	Payroll taxes	92,373.	76,669.	14,780.	924
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	142 410	126,990.	16,429.	
	column (A), amount, list line 11g expenses on Sch 0.)	143,419. 36,442.	30,976.	1,822.	3,644
2	Advertising and promotion	96,947.	77,250.	19,697.	3,044
3	Office expenses	30,341.	11,230.	19,097.	
4	Information technology				
15	Royalties	138,247.	116,653.	21,594.	
6	Occupancy	14,899.	14,899.	21,374.	
7	Travel	14,000.	14,000.		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
^	Conferences, conventions, and meetings				
9	·				
20 21	Interest				
:1 !2	Payments to affiliates	198,956.	175,081.	23,875.	
3		30,427.	24,684.	5,743.	
.s 24	Other expenses, Itemize expenses not covered	J J T T T T	21,001	3,743.	
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	223,748.	201,373.	22,375.	
b	VET AND SHELTER SUPPLIE	203,414.	203,414.		
С	ANIMAL CARE	60,957.	60,957.	24 574	
d	OFFICE SUPPLIES & EQUIP	49,307.	24,653.	24,654.	
е	All other expenses	0 560 440	0 150 101	266 006	10 000
5	Total functional expenses. Add lines 1 through 24e	2,563,118.	2,179,104.	366,006.	18,008
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)				000

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			303,137.	1	706,031.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			520.	9	750.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	5,681,955.			
	b	Less: accumulated depreciation	2,633,660.	10c	2,470,659.		
	11	Investments - publicly traded securities		1,054,552.	11	866,800.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq		3,991,869.	16	4,044,240.	
	17	Accounts payable and accrued expenses		1	24,969.	17	21,924.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 1 <i>1-</i> 24).	Complete Part X			
		of Schedule D		·····	24,969.	25	21,924.
	26	Total liabilities. Add lines 17 through 25		X	24,303.	26	21,324.
S		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	ieck nere				
ű	07				3,956,900.	27	4,012,316.
<u>a</u>	27			·····	10,000.	28	10,000.
e B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		sk boro	10,000.	20	10,000
ᆵ		and complete lines 29 through 33.	956, CileC	K liefe			
Þ	20					29	
ets	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or e				30	
\ss	31					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated Total net assets or fund balances			3,966,900.	32	4,022,316.
ž	33				3,991,869.	33	4,044,240.
	J	TOTAL HADINITES AND HEL ASSELS/TUND DAIANCES			J, JJ ± , UUJ •	J J	Form 990 (2022)

Form **990** (2022)

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,83					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,56	3,1	<u> 18.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	27	2,1	67.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,02	2,3	<u> 16.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
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 on Schedule O and describe any steps taken to undergo such audits		3b		İ			
			Form	990	(2022)			

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

		PAWS	- GULF CO	AST HUMANE SO	CIETY	7		7	4-1266245			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed 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	X	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in			
		section 170(b)(1)(A)(vi). (C	complete Part II.)									
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or			
		university:										
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
	_	See section 509(a)(2). (Con	mplete Part III.)									
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	509(a)(3). (Check the box on			
	_	lines 12a through 12d that						-				
а			•	•	•	-						
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting			
		organization. You must o										
b			•				-		-			
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported			
		organization(s). You mus										
С			-					ly integrate	ea with,			
		its supported organization		·					ti(-)			
d		☐ Type III non-functionally					• •	•	* *			
		that is not functionally int	-	•	-		•	an attentiv	veriess			
_		requirement (see instructing Check this box if the organization)	•	-				II Type III				
е		functionally integrated, or					Type I, Type I	ii, Type iii				
f	Ente	er the number of supported o	araani=atiana		ig organiz	ation.						
		vide the following information	•	d organization(s)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
				above (see motradione))								
Tota	al											

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1545411.	1863678.	2130477.	1506995.	2511552.	9558113.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1545411.	1863678.	2130477.	1506995.	2511552.	9558113.
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.						9558113.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1545411.	1863678.	2130477.	1506995.	2511552.	9558113.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	96,540.	73,045.	30,329.	88,716.	88,540.	377,170.
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.)	17,063.			2,933.	1,067.	21,063.
11	Total support. Add lines 7 through 10				,	,	9956346.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	915,769.
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	•		•		. , . ,	
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	96.00 %
	Public support percentage from 2021					15	94.52 %
	33 1/3% support test - 2022. If the					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-	•		-		
~	more, and if the organization meets the	-					. = , 5 0.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
<u></u>	ato roanidationi ii ano organizatio	a.aot oncon a i		-, 102, 174, 01 17D	, 51100K tillo box al		(Form 990) 2022

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	uctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If Test Descript III i with the file fold Diaved by the organization in this redain	-N		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	on 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		
	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions)	, ,	3 3	•

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u> i </u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2018 AMOUNT: \$ 17,063.	
2021 AMOUNT: \$ 2,933.	
2022 AMOUNT: \$ 1,067.	

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

PAWS - GULF COAST HUMANE SOCIETY

OMB No. 1545-0047

Name of the organization

Employer identification number

74-1266245

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

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

PAWS - GULF COAST HUMANE SOCIETY

74-1266245

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person [] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

PAWS - GULF COAST HUMANE SOCIETY

74-1266245

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

Page 4

Name of organization **Employer identification number** PAWS -GULF COAST HUMANE SOCIETY 74-1266245 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

PAWS - GULF COAST HUMANE SOCIETY 74-1266245

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts.	Complete if the	е
	Signification anomored 155 Girl Sim 555, Factor, inc	(a) Donor advise	ed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	eld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				. Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat	,	Preservation of a	• •		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the form of	a conservation	easement on the	e last
	day of the tax year.				d at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ng the tax	
	year		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	forcing conservation	n easements du	ring the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts 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	on easements in its reve	nue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statemen	ts that describes	s the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement and	d balance sheet	works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	, or research in furt	herance of publi	С	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and ba	lance sheet wor	ks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	rance of public s	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>		
2	If the organization received or held works of art, historical trea			ain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$ <u></u>		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form 9	990) 2022

232051 09-01-22

	dule D	(Form 990) 2022 PAWS - (GULF COAST	HUMA	ANE SO	CIETY		7	74-12	66245	Pa	age 2
Par	t III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other S	imilar	Assets	(continu	ıed)	
3	Using	the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	make sign	ificant u	se of its			
	collect	tion items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provid	le a description of the organization's co	llections and explair	how th	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar as	sets				
	to be	sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on Fo	rm 990,	Part IV,	line 9, or		
		reported an amount on Form 990, Par										
1a	Is the	organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not inc	luded				
	on For	rm 990, Part X?							\square	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
										Amount		
С	Begin	ning balance						1c				
d	Addition	ons during the year						1d				
е	Distrib	outions during the year						1e				
f	Ending	g balance						1f		_		
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability'	?	🗀	Yes		No
		," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds. Complete i		swered	"Yes" on Fo					ı		
			(a) Current year	(b) P	rior year	(c) Two year	rs back (d	Three ye	ears back	(e) Four	years l	pack
1a	Begin	ning of year balance										
b	Contri	butions										
С	Net in	vestment earnings, gains, and losses										
d	Grants	s or scholarships										
е	Other	expenditures for facilities										
	and pr	rograms										
f	Admin	nistrative expenses										
g	End of	f year balance										
2		le the estimated percentage of the curr	,	e (line 1g	g, column (a))) held as:						
а	Board	designated or quasi-endowment		_%								
b	Perma	anent endowment	%									
С	Term 6	endowment	%									
	The pe	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are th	ere endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the				- 1	
	•	ization by:									Yes	No
		nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		
4		be in Part XIII the intended uses of the		wment f	unds.							
rar	t VI	Land, Buildings, and Equipm						40				
		Complete if the organization answered							- 1			
		Description of property	(a) Cost or o		` ',	or other		umulate	d	(d) Book	value)
			basis (investn	nent)		(other)	depre	eciation		0.11		
			I			1,680.	0.00	- ^-		241		
		ngs			3,70	8,022.	2,03	7,25	6.	1,670	,76	<u> </u>
С	Lease	hold improvements			1 00	4 605			_			

Schedule D (Form 990) 2022

338,012.

220,201.

2,470,659.

e Other

1,201,627.

530,626.

d Equipment

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

863,615.

Schedule D (Form 990) 2022 PAWS - GULF	COAST HUMANE	SOCIETY	74-1266245 Page 3
Part VII Investments - Other Securities.			. ugo
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st 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"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 1	15.
	Description	,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(<i>t</i>) (8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XIII Supplemental Information.	18.)	5	VI
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XIII Supplemental Information.	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

232081 10-27-22

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL		NONE	(add col. (a) through
			EVENTS			col. (c))
a)			(event type)	(event type)	(total number)	(-)
Revenue						
3ev	1	Gross receipts	77,911.			77,911.
			40.00			40.00
	2	Less: Contributions	42,397.			42,397.
			25 514			25 514
	3	Gross income (line 1 minus line 2)	35,514.			35,514.
		Cook prizes				
	4	Cash prizes				
	5	Noncash prizos				
Ś	3	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe	Ü	Tions tability costs				
ot E	7	Food and beverages				
)ire	•	, cod and bovorages				
	8	Entertainment				
	9	Other direct expenses				35,514.
	10					35,514.
	11					0.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		T		
<u>a</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	_	Cook prizes				
ses	2	Cash prizes				
Direct Expenses	2	Noncash prizes				
Exp	3	Noncasii prizes				
ect	4	Rent/facility costs				
Ë	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10-	\^/-	ore any of the organization's semina lies	wokod augrandad auto	rminated during the torre	voor?	Yes No
		ere any of the organization's gaming licenses re				res NO
Ŋ	"	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 PAWS - GULF COAST HUMANE SOCIETY 74-	L266	<u> 245</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		120	l	0/
	The organization's facility	13a		<u>%</u>
	o An outside facility	13b		<u>%</u>
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	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	If "Yes," enter name and address of the third party:			
C	the rest enter name and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companation ¢			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	•			
č	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?	. Ш	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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	PAWS	- GULF	COAST	HUMANE	SOCIETY	74-1266245	Page 4
Part IV	(Form 990) Supplemental Infor	mation $_{\ell}$	continued)					
			,					
-								
_								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PAWS - GULF COAST HUMANE SOCIETY

Employer identification number 74-1266245

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHILE PROMOTING ANIMAL ADOPTION AND PUBLIC EDUCATION AS TO THE CARE AND
TREATMENT OF ANIMALS.
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION
PAWS - GULF COAST HUMANE SOCIETY
EMPLOYER IDENTIFICATION NUMBER: 74-1266245
FOR THE YEAR ENDING DECEMBER 31, 2022
PAWS - GULF COAST HUMANE SOCIETY IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F)
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION DISTRIBUTES THE FORM 990 TO THE BOARD MEMBERS FOR REVIEW
AND COMMENT PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE BOARD OF
DIRECTORS THROUGH THE EXECUTIVE DIRECTOR.
FORM 990, PART XII, LINE 2C
THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF
THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2	
lame of the organization PAWS - GULF COAST HUMANE SOCIETY	Employer identification number 74-1266245	
e of the organization PAWS - GULF COAST HUMANE SOCIETY PAWS - GULF COAST HUMANE SOCIETY FUNCTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR		
YEAR.	WS - GULF COAST HUMANE SOCIETY Employer identification number 74-1266245	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

PAWS - GULF COAST HUMANE SOCIETY

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

Employer identification number 74-1266245

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	me (e) End-of-year		(f) Direct controlling entity			
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?
GULF COAST HUMANE SOCIETY ENDOWMENT TRUST -				501(c)(3))		Yes	No
42-6673863, P O BOX 6483, CORPUS CHRISTI, TX 78466	SUPPORTING ENTITY	TEXAS	501(C)(3)	LINE 12B, II			х
	- - -						
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule R	(Form 99	0) 2022

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Courtery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Page 3

Yes No

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

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

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

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
					1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
	d Loans or loan guarantees to or for related organization(s)				1d		Х
	e Loans or loan guarantees by related organization(s)						X
f	Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	S Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	is line, including covered re	elationships and transaction thresholds.			
	(a) (b) Name of related organization Transa type	action	(c) Amount involved	(d) Method of determining amount invo	olved		
1) (GULF COAST HUMANE SOCIETY ENDOWMENT TRUST C		70,000.	FAIR MARKET VALUE			
3)							
2)							
3/							
3)							
4)							
•,							
5)							
-,							
6)							
				Calcadada F) /F	- 000	0000

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

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

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