Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	For the	e 2023 calendar year, or tax year beginning and	ending					
B	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre	e PAWS - GULF COASI HUMANE SUCTEII						
	Name chang	Doing business as		74-12662	<u>45 </u>			
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address) 3118 CABANISS PKWY	Room/suite	E Telephone numbe (361) 22	r 5-0845			
	ا—return termin ated			2 254 524				
	Amen	1 , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$				
H	return _Applic _tion			H(a) Is this a group return				
	tion pendir	SAME AS C ABOVE		for subordinates? Yes X No H(b) Are all subordinates included? Yes No				
_				1 ' '				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: WWW.GULFCOASTHUMANE.ORG	or 527	1	list. See instructions			
	Websit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: $\mathbf{T}\mathbf{X}$			
	art I	Summary	L Year	oriorination. Tyty j	M State of legal doffliche, 1A			
		Briefly describe the organization's mission or most significant activities: TO P.	ROVIDE	FACTLITTES	AND			
e	'	VETERINARIAN SERVICE TO CARE FOR HOMELESS						
Governance	2	Check this box if the organization discontinued its operations or dispose						
/err	3				9			
ဇ္ဗ်	4	Number of independent voting members of the governing body (Part VI, line 1a)			9			
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			69			
ties	5				212			
Activities &	6	Total number of volunteers (estimate if necessary)			0.			
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	B	Net unrelated business taxable income from Form 990-1, Part I, line 11		Prior Year	Current Year			
Revenue		Contributions and grants (Part VIII. line 1h)		2,511,552.	2,751,286.			
	8	Contributions and grants (Part VIII, line 1h)		234,126.	229,634.			
	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,999.	292,607.			
	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,608.	41,318.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,835,285.	3,314,845.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1			0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,366,355.	1,795,882.			
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
en	loa h	Total fundraising expenses (Part IX, column (A), line 25) 20, 2	30 -	<u> </u>	0.			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,196,763.	1,196,374.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,563,118.	2,992,256.			
	1	Revenue less expenses. Subtract line 18 from line 12		272,167.	322,589.			
		nevertue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		4,044,240.	4,239,266.			
ASSE Rais	21	Total liabilities (Part X, line 16)		21,924.	19,390.			
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		4,022,316.	4,219,876.			
	art II	Signature Block		1,022,310.	1/213/0/00			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	/ knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	, mionioago ana sonoi, it io			
	,	, , , , , , , , , , , , , , , , , , ,						
Sig	n	Signature of officer		Date				
Her		ALISA L MILLS, EXECUTIVE DIRECTOR						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN			
Paid	j	RANDY L. WALKER, CPA		if self-employ	P00963779			
	parer	Firm's name RANDY WALKER & CO	1		0-3992693			
	Only	Firm's address 7800 IH 10 WEST, STE. 505						
	,	SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No			

Pai	t III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		y describe the organization's mission: PROVIDE FACILITIES AND VETERINARIAN SERVICE TO CARE FOR HOMELESS
	AND	ABANDONED ANIMALS, WHILE PROMOTING ANIMAL ADOPTION AND PUBLIC
	EDU	CATION AS TO THE CARE AND TREATMENT OF ANIMALS.
2	Did th	ne organization undertake any significant program services during the year which were not listed on the
		Form 990 or 990-EZ? S," describe these new services on Schedule O.
3		ne organization cease conducting, or make significant changes in how it conducts, any program services?
		s," describe these changes on Schedule O.
4	Desci	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-		ue, if any, for each program service reported
4a)(Expenses \$ 2,5/4,118. including grants of \$) (Revenue \$ 229,634.) F COAST HUMANE SOCIETY PROVIDES KENNEL SHELTER OPERATIONS AND
		ERINARY CARE FOR ABANDONED ANIMALS.
	THE	PROGRAMS INCLUDE ADOPTION, FOSTERING, COMMUNITY OUTREACH AND LOW
		T AND FREE CLINICS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	,	
4c	(Code:) (Expenses \$
4d	Other	program services (Describe on Schedule O.)
-	(Expen	
4e		program service expenses 2,574,118.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	<u> </u>		
U	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,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the 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,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part 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	1a	6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

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Form 990 (2023) PAWS - GULF COAST HUMANE SOCIETY

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

	. (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110				
	filed for the calendar year ending with or within the year covered by this return 2a 69							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
е	, , , , , , , , , , , , , , , , , , , ,							
f								
g								
h	, , , , , , , , , , , , , , , , , , , ,							
8	,							
•	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	9a						
_	a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a depart depart advisor, or related person?							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand			Х				
14a	0 71 7 0 7							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			77				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 6 Form 990 (2023) 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

Sec	tion A. Governing Body and Management							
			 I		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9	<u>1</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		<u>X</u>		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		<u>X</u>		
6	Did the organization have members or stockholders?			6		_X_		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			Х		
more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)					
	5				Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	40.				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		- f:lin o Ho - forma	10b	Х			
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Λ			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			100		Х		
1Za	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b				
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120				
С		,		12c				
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	Х	_		
14				14		X		
15	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 approva			17				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. by iiit	acpondont					
а	The organization's CEO, Executive Director, or top management official			15a		Х		
b	Other officers or key employees of the organization			15b		X		
_	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 arrangen	nent w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· · · · · · · · · · · · · · · · · · ·					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availab	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, an	d finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	THE ORGANIZATION - (361) 225-0845							

3118 CABANISS PKWY, CORPUS CHRISTI, TX 78415

Form **990** (2023)

17181112 130509 GULFCOASTHUMSOC

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) Name and title	(B) Average hours per week	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALISA MILLS	40.00							05 055	•	•
EXECUTIVE DIRECTOR	1 00			Х				85,277.	0.	0.
(2) ALEXANDRA NASIR DIRECTOR	1.00	x						0.	0.	0.
(3) AMY HYDE	1.00									
DIRECTOR		х						0.	0.	0.
(4) CHARLES ANASTOS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MINESH PATEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KENDRA WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MITCHELL CLARK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) MARK GOODMAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) KALLIA SHOOK	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(10) KENT NIELSEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
		1								

Form 990 (2023)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	(C)				(D)	(E)			(F)			
	Name and title	Average	(do	not c	Posi			nne	Reportable	Reportable		Es	timate	∌d
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation			nount	of
		week (list any	officer and a director			ii/ii us	(66)	from	from related	- 1		other	4:	
		hours for	lirecto				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	truste	al tru		yee	эш ш		1099-NEC)			•	d relat	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	·			orga	anizati	ons
		line)	Indiv	Insti	Officer	Key	High	Former						
			ł											
			ł											
											-			
									05 277		0.			
1b	Subtotal								85,277.		0.			0.
	Total from continuation sheets to Part VI								85,277.		0.			0.
	Total (add lines 1b and 1c)									000 of war artable				<u> </u>
2	Total number of individuals (including but n	ot iimitea to tri	ose	iiste	u ab	ove) WII	o re	eceived more than \$100,	ooo or reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director tructs	aa l	·0\	mnl	01/0	۰ ۵۲	hia	hast companyated ampl	0,400 00	ſ		103	110
3											- 1	3		Х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								per compensation from the		····	3		
7	and related organizations greater than \$150										- 1	4		Х
5	Did any person listed on line 1a receive or a										·····			
3	rendered to the organization? If "Yes." com					•			•		ı	5		Х
Sec	tion B. Independent Contractors	piete Scrieduis	, J 1	OI SL	ICII Ļ	Jers	011 .							
1	Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	om	
•	the organization. Report compensation for													
	(A)				. <u>.</u>				(B)			(0	2)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С		nsatio	n
								_						
								T						
								T						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				()							

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PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 9 Form 990 (2023) 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 44,492. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,706,794. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 2,751,286. h Total. Add lines 1a-1f **Business Code** 190,084. 900099 190,084. 2 a ADOPTION FEES Program Service Revenue b VET AND CLINIC FEES 900099 16,600. 16,600. 16,068. c INTAKE AND SURRENDER 900099 16,068. 900099 6,882. 6,882. d OTHER PROGRAM f All other program service revenue 229,634. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 292,607. 292,607. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 32,539. 32,539. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c 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 \$44,492. of contributions reported on line 1c). See 39,889 Part IV, line 18 39,889. **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

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333,925. Form **990** (2023)

8.779

8.779.

8,779.

3,314,845.

9b

10a

Business Code

900099

e Total. Add lines 11a-11d

12 Total revenue. See instructions

11 a OTHER INCOME

b Less: direct expenses
 c Net income or (loss) from gaming activities
 10 a Gross sales of inventory, less returns

and allowances

b Less: cost of goods sold

c Net income or (loss) from sales of inventory

d All other revenue

229,634.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,277.	70,780.	13,644.	853.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,451,297.	1,204,576.	232,208.	14,513.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	444	4		
9	Other employee benefits	141,396.	117,359.	22,623.	1,414.
10	Payroll taxes	117,912.	97,867.	18,866.	1,179.
11	Fees for services (nonemployees):				
а					
b	Legal				
С	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,	07 770	70 002	0 706	
	column (A), amount, list line 11g expenses on Sch O.)	87,778. 22,715.	78,992. 19,308.	8,786.	2 271
12	Advertising and promotion	73,959.	62,865.	11,094.	2,271.
13	Office expenses	13,333.	02,003.	11,094.	
14	Information technology				
15	Royalties	121,900.	102,808.	19,092.	
16	Occupancy	922.	922.	19,092.	
17	Travel	922•	922•		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	000 604	100 550	04.076	
22	Depreciation, depletion, and amortization	200,634.	176,558.	24,076.	
23	Insurance	35,687.	30,334.	5,353.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) VET AND SHELTER SUPPLIE	316,126.	316,126.		
a b	REPAIRS AND MAINTENANCE	190,488.	171,439.	19,049.	
C	ANIMAL CARE	102,203.	102,203.	23,0131	
d	OFFICE SUPPLIES & EQUIP	43,962.	21,981.	21,981.	
	All other expenses	20,002	,	,	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	2,992,256.	2,574,118.	397,908.	20,230.
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)				
	12 21 22				Form 990 (2023

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Pai	t X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	706,031.	1	893,024.
	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 or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	1 750	9	11,988.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,711,802	2.		
	b	Less: accumulated depreciation 10b 3,411,930	2,470,659.	10c	2,299,872. 1,034,382.
	11	Investments - publicly traded securities	866,800.	11	1,034,382.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,239,266.
	17	Accounts payable and accrued expenses		17	19,390.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	**	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	01 004	25	10 200
	26	Total liabilities. Add lines 17 through 25	21,924.	26	19,390.
v		Organizations that follow FASB ASC 958, check here			
č		and complete lines 27, 28, 32, and 33.	4 010 216		4 200 076
alar	27	Net assets without donor restrictions		27	4,209,876.
Ä	28	Net assets with donor restrictions	10,000.	28	10,000.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds		31	1 210 076
ž	32	Total net assets or fund balances	1 4 0 4 4 0 4 0	32	4,219,876.
	33	Total liabilities and net assets/fund balances	4,044,240.	33	4,239,266.

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31	<u>4,8</u>	<u>45.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,99	<u>2,2</u>	<u>56.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			89.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,02	2,3	<u> 16.</u>		
5	Net unrealized gains (losses) on investments	5	-12	5,0	29.		
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	4,21	9,8	76.		
Pai	rt 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	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,			990	(2023)		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

	PAWS	- GULF CO	AST HUMANE SO	CIETY	Z .		7	4-1266245			
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.				
The organ	nization is not a private found										
1 🔲	A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).					
2	A school described in sect										
3	A hospital or a cooperative		•		(b)(1)(A)(i	ii).					
4	A medical research organiz	· ·				-	(iii). Enter	the hospital's name,			
	city, and state:	·					` ,				
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental ur	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 substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general i	oublic described in			
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction 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 t	the college	or			
	university:										
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, an	d gross receipts from			
	activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
	income and unrelated busin	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	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).					
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or			
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on			
_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
a L		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b		anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving			
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
	organization(s). You mus	-									
c							y integrate	ed with,			
	its supported organization		•								
d							-				
	that is not functionally int	-		•		-	an attentiv	/eness			
	requirement (see instructi	·	-								
e	☐ Check this box if the orga					Type I, Type I	i, Type iii				
€ Ent	functionally integrated, or		nally integrated supporti	ig organiz	ation.						
	er the number of supported on vide the following information	•	ad organization(s)								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see in	structions)	support (see instructions)			
			above (see instructions))		-110						
Total											

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Schedule A (Form 990) 2023 PAWS - GULF COAST HUMANE SOCIETY 74-1266245 Page 2

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

	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.)											
Α	A. Public Support											

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1863678.	2130477.	1506995.	2511552.	2751286.	10763988.
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	1863678.	2130477.	1506995.	2511552.	2751286.	10763988.
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)						
	Public support. Subtract line 5 from line 4.						<u> 10763988.</u>
	ction B. Total Support	<u> </u>			Γ		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1863678.	2130477.	1506995.	2511552.	2751286.	10763988.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F2 045	20 200	00 816	00 540	205 146	605 556
	and income from similar sources	73,045.	30,329.	88,716.	88,540.	325,146.	605,776.
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			2 022	1 067	8,779.	10 770
	assets (Explain in Part VI.)			2,933.	1,067.		
	Total support. Add lines 7 through 10		`				<u>11382543.</u> ,145,403.
	Gross receipts from related activities,	<u></u>					,145,403.
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
Sec	organization, check this box and stop ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	•••••		·····
	Public support percentage for 2023 (I			rolumn (f))		14	94.57 %
	Public support percentage from 2022					15	96.00 %
	33 1/3% support test - 2023. If the d						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2022. If the o		-				
	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			-			
b	10% -facts-and-circumstances test	-		• • •	-		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
							(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

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
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Par	rt IV 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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
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	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	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	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 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i_	Carryover from 2018 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D, line 7:								
a	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
<u>e</u>	Excess from 2023				h a dula A /Farra 000\ 0000				

Schedule A (Form 990) 2023

Part V	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)										
SCHE	DULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:	
OTHE	R INCOME	1									
2021	AMOUNT:	\$	2,93	33.							
2022	AMOUNT:	\$	1,06	57.							
2023	AMOUNT:	\$	8,77	79.							
-											

Schedule B

(Form 990)

Schedule of Contributors

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

PAWS - GULF COAST HUMANE SOCIETY 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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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	ıl space is needed.	
(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.)
(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

PAWS -	GULF COASI HUMANE SUCTETI		E-1200245
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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.

2023
Open to Public Inspection

Name of the organization

PAWS - GULF COAST HUMANE SOCIETY

 $Employer\ identification\ number\\ 74-1266245$

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

	t III Organizations Maintaining Co	llections of Art, F	listorical Tre	asures, o	r Other S	imilar Ass	ets (continued)	_
3	Using the organization's acquisition, accession							_
	collection items (check all that apply).		•		·			
а	Public exhibition	d [Loan or exc	hange progra	am			
b	Scholarly research	e [0 . 0				
С	Preservation for future generations	_						_
4	Provide a description of the organization's coll	ections and explain ho	w thev further th	ne organizatio	on's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit or	•	•	•	•			
	to be sold to raise funds rather than to be mail		•	•			Yes N	0
Pai	t IV Escrow and Custodial Arrang							_
	reported an amount on Form 990, Part		3			, ,	,	
1a	Is the organization an agent, trustee, custodial	n, or other intermediary	for contribution	s or other as	sets not inc	luded		_
	on Form 990, Part X?						Yes N	0
b	If "Yes," explain the arrangement in Part XIII a							
_							Amount	_
С	Beginning balance					1c		_
	Additions during the year					1d		_
e	Distributions during the year					1e		_
f	Ending balance					1f		_
	Did the organization include an amount on For						Yes N	<u> </u>
	If "Yes," explain the arrangement in Part XIII. C				-			•
Pai								_
			(b) Prior year	(c) Two yea		Three years b	ack (e) Four years back	— k
1a	Beginning of year balance	` ,	, ,	,,,,	<u> </u>		1	_
	Contributions							_
c	Net investment earnings, gains, and losses							_
4	Grants or scholarships							_
	Other expenditures for facilities							_
C								
	Administrative expenses							_
'	End of year balance							—
g	Provide the estimated percentage of the curre	nt voor and balance (lir	no 1g. column (c)) hold oo:				—
2	Board designated or quasi-endowment	nt year end balance (iii %		I) Held as.				
a	Permanent endowment		•					
b	Term endowment 9/							
С								
2-	The percentages on lines 2a, 2b, and 2c shoul	•	that are hald ar	ad administa	ad for the			
Ja	Are there endowment funds not in the possess organization by:	Sion of the organization	i tilat are rielu ar	iu auriii iistei	ed for the		Yes No	_
								<u> </u>
	(i) Unrelated organizations?(ii) Related organizations?						a	—
h	If "Yes" on line 3a(ii), are the related organizati	one listed as required					····	—
4							[3b	_
	Describe in Part XIII the intended uses of the central Land, Buildings, and Equipme		ent iunus.					_
	Complete if the organization answered		art IV line 11a S	see Form 990	Part X line	10		
	Description of property						(a) Dook value	—
	Description of property	(a) Cost or other basis (investment	. ,	or other (other)		umulated ciation	(d) Book value	
4-	Land	,	,	1,680.	ССРГС	Siation 1	241,680	—
	Land			8,021.	2 1/	4,550.	1,563,471	
	Buildings		3,70	0,041.	4,14	- ,550•	1,JUJ,4/1	÷
	Leasehold improvements		1 20	5,820.	<u>a</u> 2	9,121.	276,699	—
	Equipment			$\frac{5,820.}{6,281.}$		8,259.	218,022	
	Other					•	2,299,872	
rota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990. Part X. li	ne IUC. column	(B))			4,477,014	•

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 PAWS - GULF	COAST HUMANE	SOCIETY	74-1266245 Page 3
Part VII	Investments - Other Securities			-
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.	an Farma 000 Bart IV line	11 - Caa Farra 000 Dart V	line 10
	Complete if the organization answered "Yes"	1		
	(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	<u>I</u>		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, co	l. (B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, F	
<u>1. </u>	(a) Description of liability			(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

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) 2023

(9)

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return	
		Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		s per Return	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities	l I		
b	Prior y	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Da	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, ling Supplemental Information	ne 18.)	5	
		l	and 4. Dort IV lines 1b and 0b. Dor	t V line 4: Dort V line 0: Dort	· VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 4 b; and Part XII, lines 2d and 4b. Also complete this part to provic		t v, iiile 4, Part A, iiile 2, Part	۸۱,
111163	Zu and	and Fart All, lines 2d and 4b. Also complete this part to provid	ie arry additional information.		

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

PAWS -	GULF COAST HUMANE	SOC:	ET?	Y	74-1266	245
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursua	ion of ion of fundra (includerofessi	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<u> </u>			
List all states in which the organization or licensing.			utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2023

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-EZ, 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	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 SPECIAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			EVENTS			col. (c))
a)			(event type)	(event type)	(total number)	551. (6)/
Revenue	1	Gross receipts	84,381.			84,381.
_	2	Less: Contributions	44,492.			44,492.
	3	Gross income (line 1 minus line 2)	39,889.			39,889.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses	39,889.			39,889.
		Direct expense summary. Add lines 4 through				39,889.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	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 No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		rear?	Yes No
	_					

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 PAWS - GULF COAST HUMANE SOCIETY 74-	1266	<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
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization's gaining special events books and records.			
	Name			
	- Name			
	Address			
	Audiess			
45-			Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	162	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 \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	birector/officer Employee independent contractor			
47	Mandatan diatributiona			
	Mandatory distributions:			
a	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		V	□ Na
	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			
Da	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 Part IV	art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	PAWS	- GUL:	F COAST	HUMANE	SOCIETY	74-1266245	Page 4
Part IV	i (Form 990) Supplemental Infor	mation	(continued)					
			(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.

2023
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

111110 0011 001101 1101111(1 0001111
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
3118 CABANISS PKWY
CORPUS CHRISTI, TX, 78415
EMPLOYER IDENTIFICATION NUMBER: 74-1266245
FOR THE YEAR ENDING DECEMBER 31, 2023
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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization PAWS - GULF COAST HUMANE SOCIETY	Employer identification number 74–1266245
THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR	OVERSIGHT OF
THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEME	NTS AND THE
SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM	THE PRIOR
YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PAWS - GULF CO	OAST HUMANE SOCIET	Y			Er	mployer identific 74-12662		umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year a	assets	Direct c	(f) controlling ntity	g
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one o	r more	e related tax-exer	npt	
(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	Dire	(f) ect controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))			Yes	No
GULF COAST HUMANE SOCIETY ENDOWMENT TRUST -								
42-6673863, P O BOX 6483, CORPUS CHRISTI, TX								
78466	SUPPORTING ENTITY	TEXAS	501(C)(3)	LINE 12B, II				X
	-							
	4							

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

Schedule R (Form 990) 2023

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.

	organizations trouted as a partition rip dating the tarrysan.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year			Code V-UBI amount in box	General managir	Percentage ownership
orrolated organization		(state or foreign	5	excluded from tax under		assets	allocations?		20 of Schedule	partner	1
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
-											
							<u> </u>				
-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	No	

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?

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

D	b Giff, grant, or capital contribution to related organization(s)				מו		Δ
c	c Gift, grant, or capital contribution from related organization(s)				1c	X	
	d Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	f Dividends from related organization(s)				1f		Х
	g Sale of assets to related organization(s)				1g		Х
h	h Purchase of assets from related organization(s)				1h		Х
i	i Exchange of assets with related organization(s)				1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-	•						
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
n	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
					10	Х	
р	p Reimbursement paid to related organization(s) for expenses				1p		Х
	q Reimbursement paid by related organization(s) for expenses				1q		Х
					•		
r	r Other transfer of cash or property to related organization(s)				1r		Х
					1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must co						
	(a) (b	n)	(c)	(d)			
	(a) (b Name of related organization Transa		Amount involved	Method of determining amount inv	olved		
	type	(a-s)					
1)	GULF COAST HUMANE SOCIETY ENDOWMENT TRUST C		72,210.	FAIR MARKET VALUE			
2)							
3)							
4)							
5)							
6)							
3216	163 09-28-23	\ -		Schedule	R (Forn	n 990)	2023
	3	37					

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

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

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