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Main Information Sheet

For calendar year 2017 or tax year beginning	and ending							
Name:OPERATION PETS ALIVEName line 2:POAddress:POBOX132104City, State, and Zip Code:THE WOODLANDS	EIN: 27-4226307 Telephone No: 281-465-9048							
Email address www.operationpetsalive.org Web site address www.operationpetsalive.org Fiduciary name, if applicable RAY YEPES Name of officer signing return RAY YEPES Title of officer/trustee/fiduciary signing return TREASURER Group exemption number Cash: Accounting method Cash: Accrual: Other: Specify:								
Type of exempt organization: Image: Section 201(c) Image: Section 201(c)								
Preparer ID: <u>3613</u> Preparer name: <u>ROBERT D FRY</u> Firm's name: <u>ROLAND FRY & WARREN LLC</u> Address: <u>1525 LAKEVILLE DR STE 121</u> City, State, ZIP Code: <u>KINGWOOD TX 77339-</u>	Time in this return: 228 minutes Date: 06/09/2019 PTIN: P01316848 Self-employed:							

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	the 2018 cal	endar year, or tax year beginning , and end	dina		
	k if applicable:	C Name of organization OPERATION PETS ALIVE		yer identifica	ation number
	ess change	Doing business as			
	Ū	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	27-422	6307	
Name	e change	PO BOX 132104		one number	
Initial	return	City or town State ZIP code	201 40	E 0040	
Einal r	eturn/terminated	THE WOODLANDS TX 77393	281-46	5-9048	
		Foreign country name Foreign province/state/county Foreign postal co	ode		
Amen	nded return		G Gross	receipts \$	614282.
Appliq	cation pending	F Name and address of principal officer: MARCIA PIOTTER	I(a) Is this a group ret	urn for subordin	ates? Yes X No
			I(b) Are all subordi		
			If "No," attach		
	kempt status:	X 501(c)(3) 501(c) () ■ (insert no.) 4947(a)(1) or 527		-	
J Webs	site: 🖿 www	v.operationpetsalive.org	I(c) Group exempt	ion number 🖻	
K Form	of organization:	X Corporation Trust Association Other ■ L Year of the second	of formation: 20	11 M Sta	te of legal domicile: TX
Part	Su	nmary			
1			EASE THE E	UTHANAS	TA RATE
e S	-	GS AND CATS IN MONTGOMERY COUNTY TEXAS			
III					
	Chook t	his box I if the organization discontinued its operations or disposed	of more then C	E9/ of ito p	
2 5 3		of voting members of the governing body (Part VI, line 1a)		3/8 01 115 11	_
		of independent voting members of the governing body (Part VI, line 1a)		4	3
		mber of individuals employed in calendar year 2018 (Part V, line 2a).		5	3
				6	250
		mber of volunteers (estimate if necessary)			350
		related business revenue from Part VIII, column (C), line 12		7a	
	b Net unre	elated business taxable income from Form 990-T, line 38	Prior Yea	7b	Current Voor
	• Contribu	itiana and grante (Part VIII, line 1h)			Current Year
8		itions and grants (Part VIII, line 1h)		20845.	472124.
9		n service revenue (Part VIII, line 2g)	16	58423.	141452
		ent income (Part VIII, column (A), lines 3, 4, and 7d)		3.	3.
11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		726.	703
12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .	58	39997.	614282
13		and similar amounts paid (Part IX, column (A), lines 1–3)			3000
14		paid to or for members (Part IX, column (A), line 4)			
15		other compensation, employee benefits (Part IX, column (A), lines 5–10).			
16		onal fundraising fees (Part IX, column (A), line 11e)			
- X		ndraising expenses (Part IX, column (D), line 25) ■			
···· 17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		37182.	547482
18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).		37182.	550482
19	Revenu	e less expenses. Subtract line 18 from line 12)2815.	63800
		Ferrar and the second sec	Beginning of Cur		End of Year
20		sets (Part X, line 16)	36	53410.	427210
21		bilities (Part X, line 26)			
22		ets or fund balances. Subtract line 21 from line 20	36	53410.	427210
Part I		nature Block			
•		y, I declare that I have examined this return, including accompanying schedules and statements act, and complete. Declaration of preparer (other than officer) is based on all information of which			je
				/11/201	9
Sign		Signature of officer	Dat		<i></i>
Here		5		.0	
		RAY YEPES TREAS	SURER		
	Prin	Type or print name and title //Type preparer's name Preparer's signature	Date		PTIN
Paid				Check	_ if
Prepa	rer ^{ROE}	ERT D FRY	06/09/2019	self-employ	ved P01316848
Use O		's name 🔳 ROLAND FRY & WARREN LLC	Firm's EIN	20-05	66582
036 0	'iiiy —		339 Phone no.		48-9151
Movite					
iviay the		ss this return with the preparer shown above? (see instructions)			

BCA

	90 (2018)		27-4226307	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
	Duite flux als		· · · · ·	·
1		escribe the organization's mission:		
		SE THE EUTHANASIA RATE OF DOGS AND CATS IN MONTGOMERY COUNTY TX		
2	Did the c	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the c	organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to other	rs,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 535414. including grants of \$ 3000.) (Revenue \$, 1414	52.)
		SHELTERS OUT OF STATE WHERE THE ADOPTION RATE IS 95%, SHOWCASE		
	TDAD A	ND DOGS AT RISK OF EUTHANASIA FOR LOCAL ADIPTION AND NEUTER, ND VACCINATE FERAL CATS WHICH WOULD OTHEWISE BE EUTHANIZED		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(0000.		´	/
4d	•	ogram services. (Describe in Schedule O.)	,	
	(Expense)	
4e	lotal pro	gram service expenses 535414.		

Form 990 (2018) OPERATION PETS ALIVE

Checklist of Required Schedules

Part IV

			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	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		Δ	17
		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Х
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
	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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		7
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		Λ
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
00		21		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		37
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L. Part IV</i> .	004		37
-		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	00-		37
20		28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	~~		
~~	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	~~		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
~-	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	0		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			Х
	VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			Х
	gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
U	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	Ŭ		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
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:			
а	Gross income from members or shareholders			
b	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		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	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			
C	Enter the amount of reserves on hand	14-		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) OPERATION PETS ALIVE 27-4226307 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year . . . 1a З If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent. 3 1b b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 5 Х 6 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a а Х b 8b Х 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No Yes 10a Х **b** If "Yes." did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С 12c Х 13 Х 13 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a Х а 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Another's website Own website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RAY YEPES 832-465-2377 1900 BARTON SPR AUSTIN TX 78704

Form 990 (2018)	OPERATION PETS ALIVE	27-4226307	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed	
	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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	

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

■ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

■ List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

■ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	х,	ot ch unles ar and Institutional trustee	Pos nook	C) ition more rson i Key employee	e than o oth stre sniployæe	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARCIA POTTER PRESIDENT	40			Х				0	0	0
(2) CATHI BRUHN	40			Λ				0	0	0
VP & SEC	40			Х				0	0	0
(3) RAY YEPES TREASURER	40			Х				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

	990 (2018) OPERATION PETS ALIVE										-42263		Page 8
P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yees			Highe	est	Compensated	Employee	es (conti	inuec	1)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Ġек,	not ch unles er and Institutional trustee	Pos	C) more rson i	e than o oth uste employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens; from rela organizat (W-2/1099-	ation ited ions	Estin amo of compe fror orgar and i	(F) mated bunt of ther ensation n the nization related izations
(15)			-										
(16)			-										
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	Section A											
2	Total number of individuals (including but not I reportable compensation from the organization	imited to those							ed more than \$1	00,000 of			
3	Did the organization list any former officer, dir employee on line 1a? <i>If "Yes," complete Sche</i>	,			• •		•		•			Υ 3	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre <i>individual</i>	ater than \$150,	000?	lf "								4	X
5	Did any person listed on line 1a receive or acc	rue compensati	on fro	om a									
Sec	for services rendered to the organization? If " tion B. Independent Contractors		Scrie	uule		UI S	ασπρ	ers			• •	5	Х
1	Complete this table for your five highest comp compensation from the organization. Report c year.											tax	
	(A) Name and business add	ress		_	_			-	(B) Description of ser	vices	Com	(C) npensa	ation
BEA	R BRANC 30420 FRM 77354 TX THE	WOODLA					7	/E	FERINARY SE	CRVICES		4	15018.

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

Part VIII Statement of Revenue Check II Schedule O contains a response or note to any line in this Part VIII. Image: Contains a response or note to any line in this Part VIII. 11 Federated campaigns . 1a Image: Contains a response or note to any line in this Part VIII. Petided or Metricity P	Form §	m 990 (2018) OPERATION PETS ALIVE 27-4226307 Page 9							
(A) (b) (c) (c) <th(c)< th=""> <th(c)< th=""> <th(c)< th=""></th(c)<></th(c)<></th(c)<>	Par	t VIII	Statement of Revenue						
Total revenue Total revenue Restance of general revenue Description (a) 1a Ia Ia b Membership dues. 1b c Fundarising events. 1c 2a Related organizations. 1d 1a 1d 20:514 1b Ia Ia 1c 20:514 1d 20:514 1d 20:514<			Check if Schedule O contain	s a response or	note to any line	in this Part VIII.			🛄
b Membership dues Image: Control Sector							Related or exempt function	Unrelated business	Revenue excluded from tax under sections
c Fundraising events 16 205142. d Government grants (contributions). 16 16 at other contributions, ottaked in lines ta-1f. 5 472124 at other contributions included above. 11 266982. g Noncast contributions included in lines ta-1f. 472124 at other contributions included above. 24110 141452 141452 at other contributions included above. 9 at other contributions included above. 9 at other contributions included above. 141452 at other contributions included above. 9 at other similar amounts) 1 b Less: circla controp (loss) 1 c Rental income or (loss) 1 c Rental income or (los	9 9	1a							
d Related organizations 1d e Government grants (contributions), gifts, grants, and similar amounts not included above. 11 266922. y Noncesh contributions included in lines 1a-1f. 472124. 472124. 2a AhOPTION FERS 624110 141452. 141452. 2 AhOPTION FERS 624110 141452. 141452. 2 AhOPTION FERS 74. 141452. 141452. 3 Interse 2a-2ft. 141452. 141452. 4 Interse 2a-2ft. 141452. 141452. 3 Interse 2a-2ft. 141452. 141452. 4 Income from investment of tax-exempt bond proceeds. 141452. 141452. 5 Royatlies 10 141452. 141452. 4 Income from investment of tax-exempt bond proceeds. 141452. 141452. 5 Royatlies 10 141452. 141452. 6a Gross rents 10 141452. 141452. 7 Gross amount from sales of accome from investment of tax-exempt bond proceeds. 141452. 141452. 6a	ran(b							
e Covernment grants (contributions)	s, G Ami	С			205142.				
f All other contributions, gifts, grants, and gifting a mounts for included above, n Total. Add lines 1a-11. 1 2669921. g Noncash contributions included above, n Total. Add lines 1a-11. 1 472124. g Noncash contributions included above, n Total. Add lines 2a-21. 1 1 g Total. Add lines 2a-21. 1 1 1 1 g Total. Add lines 2a-21. 1 1 1 1 1 g Total. Add lines 2a-21. 1	Gift lier ,	d	-						
similar amounts not included above 11 265982. n Total. Add lines 1a-1f. Business Code 472124. 2a ADOPTION FEES. 524110 141452 b	ins. Simi	-	- ·						
g Nocash contributions included in lines 1a-1f: 472124 2a ADOPTION FEES 524110 141452 141452 c 2 d 2 d 141452 d 3 d 1600m from investment of tax-exempt bord proceeds d 1600m from investment of tax-exempt bord proceeds d 100 Personal d 100 Securities d 00 Personal d 00 Securities d 00 Personal d 00 Securities d 100 Securities <t< th=""><th>utio ner (</th><th>f</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	utio ner (f							
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b	mue	22	ADOPTION FEES			141452	141452		
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g Total. Add lines 2a-21. 141452. 3 Investment income (including dividends, interest, and other similar amounts). 3 3 4 Income from investment of tax-exempt bond proceeds. 3 3 5 Royaties (i) Feal (ii) Personal 6 Gross rents. (iii) Feal (iii) Personal b Less: rental expenses. (iiii) Feal (iii) Personal 7 Gross amount from sales of assets other than inventory. (ii) Feal (iii) Other b Less: cost or other basis and sale expenses. (i) Securities (iii) Other a dale expenses. (iii) Securities (iii) Other a dale expenses. (iiii) Cost (iiii) Cost c Gain or (loss). (iiii) Cost (iiii) Cost d Net gain or (loss). . . Iiiiii or contributions reported on line 1c). sec Sec Part IV, line 18. Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	S E	-							
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a 3.3.3.4 4 Income from investment of tax-exempt bond proceeds	Pre	g	Total. Add lines 2a-2f		🛯	141452.			
4 Income from investment of tax-exempt bond proceeds Image: Construction of the image: Construc		3							
5 Royalties (i) Real (ii) Personal 6a Gross rents (ii) Real (iii) Personal b Less: rental expenses (iii) Real (iii) Personal c Rental income or (loss) (iiii) Securities (iiii) Personal d Net rental income or (loss) (iii) Securities (iii) Other assets other than inventory. (iii) Securities (iii) Other b Less: cost or other basis and sales expenses (iii) Securities (iii) Other c Gain or (loss) (iii) Securities (iiii) Other d Net gain or (loss) (iii) Securities (iiii) Other g Gross income from fundraising events (not including \$ (iiii) Other g Gross income from fundraising events (not including \$ (iiii) Other g Gross income from gaming activities. Iiii see Part IV, line 18 Iiii Iiiii g Gross sales of inventory, less returns and allowances Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						3.	3.		
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b Less: rental expenses		6 -	One of the second	(I) heai	(II) Fersonai				
c Rental income or (loss)									
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) from fundraising events (not including \$ g Gross income from gaming activities. ga Gross income from gaming activities. ga Gross sales of inventory, less returns and allowances returns and allowances TO3.									
7a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other b Less: cost or other basis and sales expenses.									
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events (not including \$	615								
of contributions reported on line 1c). See Part IV, line 18a b Less: direct expensesb c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities. see Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities returns and allowancesa a b Less: cost of goods soldb c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. miscellaneous Revenue Business Code 11a b c c d All other revenue e Total. Add lines 11a-11d	mu	ва	-						
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b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19. a b Less: direct expenses b b c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory miscellaneous Revenue Business Code 11a Image: Code of the revenue b Image: Code of the revenue d All other revenue e Total. Add lines 11a-11d	ěž.								
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c Net income or (loss) from sales of inventory 703 703 703 Miscellaneous Revenue Business Code 110 110 110 b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code					703.				
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11a		С		or inventory.		703.	703.		
b		112			Busiliess Code				
c		-							
d All other revenue									
e Total. Add lines 11a-11d		d	All other revenue						
		е			🔳				
		12				614282.	142158.		

following SOP 98-2 (ASC 958-720) . .

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) (A) (B) (D) Do not include amounts reported on lines 6b, 7b, Management and Total expenses Program service Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 domestic governments. See Part IV, line 21 3000. 3000. 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 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 10 11 Fees for services (non-employees): 47 47 b 450 450. С d e Professional fundraising services. See Part IV, line 17 . . f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 652 652. 13 95 95 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Depreciation, depletion, and amortization 22 23 2313 2313 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5590 a see stmt h 102 _____ 1102. С d _____ e All other expenses 537131 529825 7306 Total functional expenses. Add lines 1 through 24e . 550482 538415 12067 25 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

Form	990	(2018)
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		(A) Reginning of year		(B) End of year
1	Cash—non-interest-bearing	Beginning of year 363410.	1	End of year 427210
2	Savings and temporary cash investments	000110.	2	10,010
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
3	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L.		5	
6	Loans and other receivables from other disgualified persons (as defined under section		J	
Ŭ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
			8	
8	Prepaid expenses and deferred charges		0 9	
9			9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
h			100	
	Less: accumulated depreciation 10b		10c 11	
11	Investments—publicly traded securities		12	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets			
15	Other assets. See Part IV, line 11	262410	15	40701
16	Total assets. Add lines 1 through 15 (must equal line 34)	363410.	16	42721
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19			19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	363410.	32	42721
33	Total net assets or fund balances	363410.	33	42721
34	Total liabilities and net assets/fund balances	363410.	34	42721

	990(2018) OPERATION PETS ALIVE	27-	422630	7 F	age 12
Par					
	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		61	1282.
2	Total expenses (must equal Part IX, column (A), line 25)	2)482.
3	Revenue less expenses. Subtract line 2 from line 1	3			3800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		363	3410
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		42	7210.
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •		- 1	
_				Yes	s No
1	Accounting method used to prepare the Form 990: X Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 28	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	,	Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
_		- 4			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2		
	If the organization changed either its oversight process or selection process during the tax year, explain ir		. 20	;	
	Schedule O.	I			
2-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		2		v
			. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			•	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization OPERATION PETS ALIVE 27-4226307 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: Х An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Total

OMB No. 1545-0047

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🔳	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	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						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
0							
	ction B. Total Support	(-) 0014	(1-) 0045	(-) 0010	(1) 0017	(-) 0010	(8) T-+-1
-	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
10	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First five years. If the Form 990 is for the o	roanization's first	second third fou	rth_or fifth tax vea	r as a section 501	(c)(3)	
••	organization, check this box and stop here .	•		· ·			
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, co			(f))		15	0.00%
16	Public support percentage from 2017 Schedu			.,,		16	0.00%
	tion D. Computation of Investmen						0,000,0
17	Investment income percentage for 2018 (line			. column (f)) .		17	0.00%
18	Investment income percentage from 2017 Sc		-			18	0.00%
	33 1/3% support tests—2018. If the organiz					-	
	not more than 33 1/3%, check this box and s						🔳
b	33 1/3% support tests—2017. If the organiz				-		
	line 18 is not more than 33 1/3%, check this I						
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	S	🛯 🗙

	orm 990 or 990-EZ) 2018 OPERATION PETS ALIVE	27-4226307 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Par B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Pau lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	t IV, Section ines 1c, 2a, 2b,
PART I	I LINE 10	
THE 14	2,155 TOTAL IN 2018 INCLUDES SALES OF MERCHANDISE OF	
703 AN	D PET ADOPTION FEES OF 141,452. FOR 2017, SALE OF	
MERCHA	NDISE WAS 726 AND PET ADOPTION FEES WERE 168,423.	

Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-004		
or 990-PF)	Attach to Form 990, Form 990-EZ, or Form 990-PF.			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.			
Name of the organization	Employer	identification number		
OPERATION PET	CS ALIVE 27-422	6307		
Organization type (ch	leck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

X 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

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 or 990-EZ), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization OPERATION PETS ALIVE Employer identification number 27-4226307

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	CHRISTIE WEBB 112 CARAPACE COVE PL MONTGOMERY TX 77316- Foreign State or Province: Foreign Country:	\$5,000	PersonXPayrollImage: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	BRENT AND DANIELLE ROOK 26 FEATHER FALL PLACE THE WOODLANDS TX 77381- Foreign State or Province: Foreign Country:	\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	BRENDA AND CHARLES JOHANSEN 14 PALMER CREST THE WOODLANDS TX 77381– Foreign State or Province: Foreign Country:	\$5,000.	PersonXPayrollImage: Constraint of the second se				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	PHIL MUSIAL 1715 SAWDUST RD A THE WOODLANDS TX 77380- Foreign State or Province: Foreign Country:	\$5,000.	PersonXPayrollImage: Constraint of the second se				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	PARKER FOUNDATION 831 BARCARMIL WAY NAPLES FL 34110- Foreign State or Province: Foreign Country:	\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	JOHN AND IRMA RUSSELL PO BOX 132104 THE WOODLANDS TX 77393 Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule G (Form 990 or 990-EZ) 2018 OPERATION PETS ALIVE

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.

		evenits with gross recei	pis greater than \$5,000	0.		
			(a) Event #1 S STAR BBQ	(b) Event #2 DOG DAYS	(c) Other events	(d) Total events (add col. (a) through
6			(event type)	(event type)	(total number)	col. (c))
evenue	1	Gross receipts	38,012.	28,557.	138,573.	205,142.
0Ľ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	38,012.	28,557.	138,573.	205,142.
	4	Cash prizes				
20	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Ad Net income summary. Subtra				205,142.
Pa	art II					
		than \$15,000 on Form \$	990-EZ, line 6a.			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes 0.0%	Yes 0.0%	Yes0.0% No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in col	lumn (d)	🔳	
	8	Net gaming income summary	y. Subtract line 7 from line	e 1, column (d)	🔳	
9	E	Inter the state(s) in which the or	rganization conducts dan	ning activities:		
	a Is	s the organization licensed to co "No," explain:	onduct gaming activities	in each of these states?		Yes No
		Vere any of the organization's g "Yes," explain:	gaming licenses revoked,	, suspended, or terminate	ed during the tax year? .	. 🗌 Yes 🗌 No

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ■ Attach to Form 990 or 990-EZ. ■ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization OPERATION PETS ALIVE

Employer identification number 27 - 4226307

PART VI B 11A
THE TAX RETURN IS PROVIDED TO THE TREASURER WHO REVIEWS IT
AND COMPARES THE FINANCIAL INFORMATION THEREIN TO THE
ORGANIZATION'S BOOKS AND RECORDS AND POSES QUESTIONS TO THE
RETURN PREPARER WHEN ITEMS NEED AN EXPLANATION
PART VI C19
ANYONE WHO WANTS TO REVIEW THE ORGANIZATIONS' GOVERNING
DOCUMENTS OR FINANCIALS CAN MAKE AN APPOINTMENT WITH THE
TREASURER AND CAN VIEW THOSE DOCUMENTS IN THE TREASURER'S
OFFICE

Form	8879-EO	
FOIIII		

Department of the Treasury Internal Revenue Service

Name of exempt organization

BCA

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning	, 2018, and ending	, 20
Do not send to the IRS.		
Go to www.irs.gov/Form8879E	O for the latest information.	

Employer identification number

		NT T 1 77
OPERATION	PEIS	ALIVE

27-4226307

Name and title of	officer		
RAY YEPES	TREASURER		
Part I	Type of Return and Return Information (Whole Dollars Only)		
If you check t form was bla	x for the return for which you are using this Form 8879-EO and enter the applicable amount, if any he box on line 1a, 2a, 3a, 4a , or 5a , below, and the amount on that line for the return being filed w nk, then leave line 1b, 2b, 3b, 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if yourn, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	vith this	turn.
) check here ■ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12).		614,282
	D-EZ check here D total revenue, if any (Form 990-EZ, line 9)		
	20-POL check here ■ b Total tax (Form 1120-POL, line 22)		
	D-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 886	68 check here ■ b Balance Due (Form 8868, line 3c)	5b	
	Declaration and Signature Authorization of Officer		
organization's are true, correct organization's to send the orget to send the orget the transmission authorize the L financial institut return, and the Agent at 1-888 involved in the resolve issues electronic return Officer's PIN	s of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and beliet, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator ganization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for roon, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicate S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to tion account indicated in the tax preparation software for payment of the organization's federal taxes owed on financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury F-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's consent to electronic funds withdrawal.	(ERO) ejection of ole, I the this inancial nstitutions s and ation's 0 7 as my ers, but	signature
is b	he organization's tax year 2018 electronically filed return. If I have indicated within this return that eing filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also ementioned ERO to enter my PIN on the return's disclosure consent screen.		
fileo	an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 I return. If I have indicated within this return that a copy of the return is being filed with a state ager rities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent s	ncy(ies) regu	
Officer's signatur			
	Certification and Authentication		
	PIN. Enter your six-digit electronic filing identificationI) followed by your five-digit self-selected PIN.76175036133		
		enter all zeros	
indicated abo	ne above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for ve. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Mation for Authorized IRS <i>e-file</i> Providers for Business Returns.		
ERO's signature	ROBERT D FRY Date ■ 06/18/2019		
	ERO Must Retain This Form—See Instructions		
For Paperwor	Do Not Submit This Form to the IRS Unless Requested To Do So Reduction Act Notice, see back of form.	Form 8879	9-EO (2018)
		-	· · · /

US 990	Other Functional	Expenses: Pag	e 10, Line 24	2018
		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
CREDIT CARD/PAYPAL		5,590.	1.0.0	
PO BOX BANK FEES	102. 1,102.		102. 1,102.	
BOARDING	20,127.	20,127.	1,102.	
DOG TRAINING	20,127.	20,127.		
DUES & SUBSRIPTIONS		200.	249.	
LICENSE & PERMITS	235.		235.	
MARKETING	5,486.		5,486.	
PROGRAM EXPENSE	5,488.	5,488.	0,1000	
STORAGE	912.	-,	912.	
SUPPLIES	1,482.	1,482.		
TRANSPORT-AIR	10,600.	10,600.		
TRANSPORT-GROUND	71,013.	71,013.		
VETERINARY	415,018.	415,018.		
WEBSITE	281.		281.	
MISCELLANEOUS	43.		43.	
RESCUE SUPPLIES	2,237.	2,237.		
OFFSITE EVENTS	100.		100.	
TENTS	3,660.	3,660.		
	543,925.	535,415.	8,510.	