Form 990

Return of Organization Exempt From Income Tax

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

■ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization OPERATION PETS ALIVE Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 27-4226307 Name change Telephone number BOX 132104 Initial return ZIP code City or town 281-465-9048 THE WOODLANDS TX 77393 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 449665 Application pending F Name and address of principal officer: AMY CULLUM Yes X No H(a) Is this a group return for subordinates? PO BOX 132104 THE WOODLAND TX 77393 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. See instructions Tax-exempt status: 501(c)) 🔳 (insert no.) 4947(a)(1) or 527 J Website: ■ www.operationpetsalive.org H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 2011 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: OF DOGS AND CATS IN MONTGOMERY COUNTY TEXAS 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 350 Total unrelated business revenue from Part VIII, column (C), line 12. . . 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . **Prior Year Current Year** 286828 338700. 9 141745 110323. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 6149 595. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 12 434722 449665. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1000 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ■ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 331637 399532. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 332637 18 399532. Revenue less expenses. Subtract line 18 from line 12 19 102085. 50133. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 630404 668588. Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 22 630404. 668588 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 02/25/2022 Sign Signature of officer Here DEIDRE NORTHCOTT TREASURER Type or print name and title Preparer's signature Print/Type preparer's name **PTIN** Paid self-employed P01316848 ROBERT FRY Preparer Firm's name ■ ROLAND FRY & WARREN LLC Firm's EIN 20-0566582 **Use Only** Firm's address ■ 1525 LAKEVILLE DR ST KINGWOOD TX 77339 Phone no. 281-348-9151