Form **990**

Department of the Treasury Internal Revenue Service

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)

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

A	For the	2022 Cal		ending					
В	Check if a	applicable:	C Name of organization OPERATION PETS ALIVE	D	Employer id	dentification n	umber		
Address		change	Doing business as						
$\overline{}$	- 1		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	27	-422630	7			
L	Name cha	ange	PO BOX 132104		Telephone nu				
Г	Initial retu	ırn	City or town State ZIP code						
\vdash	-		THE WOODLANDS TX 77393	28	1-465-9	048			
L	Final return	/terminated	Foreign country name Foreign province/state/county Foreign posta	l code					
	Amended	return			Gross receip	ots \$	499680		
\vdash	-		E Name and address of adaptat officers 3 VOV. Cover 1 VOV.		0.00010001	10 4	499000		
Application		The state of the second control of the secon			H(a) Is this a group return for subordinates?				
_			PO BOX 132104 THE WOODLAND TX 77393	H(b) Are all	subordinates	included?	Yes	No	
1	Tax-exen	not status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No."	" attach a list.	See instruction	ns	_	
_	110000000000000000000000000000000000000			-					
	Website		.OPERATIONPETSALIVE.ORG	H(c) Group	exemption nu	mber			
K	Form of o	organization	n: X Corporation Trust Association Other L Yes	ar of formation	n: 2011	M State of leg	gal domicile:	TX	
	Part I	Sui	mmary						
50	1		" "	DEACE T	ur ruru	ANACTA I	7.77		
	OF DOGS AND CATS IN MONTGOMERY COUNTY TEXAS								
	2	Check to		d of more than 25% of		of its net as:	sets.		
	3	Number	of voting members of the governing body (Part VI, line 1a)			3		3	
	4	Number	of independent voting members of the governing body (Part VI, line 1b	1)		4			
	5	Total nu	mber of individuals employed in calendar year 2022 (Part V, line 2a) .	,	· · ·	5			
	6	Total nu	mber of volunteers (estimate if necessary)			6		250	
		Total	related by since reverse from Det Miller bere (O) live 40					350	
	/a	Notal un	related business revenue from Part VIII, column (C), line 12			7a			
	b	iver unite	elated business taxable income from Form 990-T, Part I, line 11			7b			
		•		Pr	rior Year	_	Current Year		
	8	Contribu	itions and grants (Part VIII, line 1h)	338700.		00.	371	1619.	
	9	Program service revenue (Part VIII, line 2g)			110323.		V 99	9136.	
	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		4	47.		96.	
	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5.9	95.	2.1	1844.	
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44966	65.		2695.	
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)	 					
	14	Renefits	paid to or for members (Part IX, column (A), line 4)						
	15	Salaries	other componentian employee har sta (Dart IV and une 4)						
		Drefees!	other compensation, employee benefits (Part IX, column (A), lines 5-10).						
	104	Tiolessi	onal fundraising fees (Part IX, column (A), line 11e)		7600 - 6 35 0 7 8 0 2 2 2 2	P. C. Pillows Vol. III		S. Jan T. P. Salan	
	b	lotal fun	draising expenses (Part IX, column (D), line 25)				A CONTRACTOR OF		
	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	399532.		32.	617184.		
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		3995	32.	61	7184.	
19		Revenue	e less expenses. Subtract line 18 from line 12		501		-12	4489.	
		sa saparisas: educidor line to front line 12			Beginning of Current Year		End of Year		
		Total ass	ets (Part V line 10)	668588.				4098.	
	21	Total liah	ets (Part X, line 16)		0003	00.	34	4070.	
	22	Not see	illities (Part X, line 26) .					1000	
ъ.	art II		to or fand balances. Subtract line 21 from line 20		6685	88.	54	4098.	
		Sigi	nature Block						
onu	belief it is	s of perjury	, I declare that I have examined this return, including accompanying schedules and statem	ents, and to th	he best of my	knowledge			
W 10	Dener, It is	Tue, corre	I and complete Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r nas any kno	wiedge.			
Sig	n		H(UU) 7 111/46111 A		05/03	3/2023			
He	re	Signature of officer Date							
	. •		DEIDRE NORTHCOTT TRE	EASURER					
			Type or print name and title	3110011211					
		Print/	Typo property	Date			PTIN		
Pai	id	1		Date	Cr	heck if	(a) (5)(5)(6)		
Pre	parer	ROBI	ERT FRY	05/02	2/2023 56	elf-employed	P013168	148	
	e Only					20-05665	582		
	Conly		THE WANTER LIC						
4-	. Ab . 1= -	Firm's	address 1525 LAKEVILLE DR KINGWOOD TX	77339 P	hone no.	281-348-			
via)	y the IRS	discuss	this return with the preparer shown above? See instructions				X Yes	No No	
_				2000 E-00				_	