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# **Main Information Sheet**

For calend	ar year 2023 or tax year beginning ar	nd ending	
Name: Name line 2: Address: City, State, and Zip Code:	OPERATION PETS ALIVE PO BOX 132104 THE WOODLANDS TX 77393		$\frac{27 - 4226307}{281 - 465 - 9048}$
Web site address Fiduciary name, if applicab Name of officer signing retu Title of officer/trustee/fiduci Group exemption number . Check if exemption applica Accounting method	www.operationpole	TT	/:
(Form 990) Organization exempt un with gross receipts less	<b>ion:</b> nder section 501(c), 527 or 4947(a)(1) of the Internal Revenue Coc nder section 501(c), 527 or 4947(a)(1) of the Internal Revenue Coc s than \$200,000 and total assets less than \$500,000 at the end of t ection 4947(a)(1) nonexempt charitable trust treated as a private fo	de (except black lung ben he year (Form 990-EZ)	
Address: 152		Time in this return: Date: PTIN: Self-employed: Firm's EIN: Phone:	$     \begin{array}{r} 412 \text{ minutes} \\ \hline 06/10/2014 \\ \hline \\ \hline \\ 901316848 \\ \hline \\ 20-0566582 \\ \hline \\ 281-348-9151 \\ \end{array} $

Department of the Treasury

# **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. 2023 Open to Public Inspection

A For the		endar year, or tax year beginning		, and e			inspection
	applicable:			, and e		er identificati	on number
Address		C Name of organization OPERATION PET Doing business as	S ALIVE		D Employe	in lacintineati	on namber
	change	Number and street (or P.O. box if mail is not delivere	d to street address)	Room/suite	27-4226	207	
Name ch	nange	PO BOX 132104		1 toom, outo	E Telephor		
Initial ret	urn	City or town	State	ZIP code			
		THE WOODLANDS TX 77393	Oldio	211 0000	281-465	-9048	
Final retur	n/terminated	Foreign country name Foreign province	/state/county	Foreign postal	code		
Amende	d return			5 5 1	G Gross re	ceipts \$	540469.
		F Name and address of principal officer: AMY CUL	T TTN/				
Applicati	on pending				H(a) Is this a group return	for subordinates'	? Yes X No
		PO BOX 132104 THE WOODLAND	rx 77393		H(b) Are all subordina	ites included?	Yes No
I Tax-exe	mpt status:	X 501(c)(3) 501(c) ( (insert i	no.) 4947(a)(1)	or 527	If "No," attach a	list. See instru	uctions
J Website	e: www	.operationpetsalive.org			H(c) Group exemptior	number	
							(
K Form of			Other	L Yea	r of formation: 201	M State	of legal domicile: TX
Part I		nmary					
1	Briefly d	escribe the organization's mission or most	significant activit	ies: <u>DEC</u> I	REASE THE EU	THANASI	A RATE
	OF DOG	S AND CATS IN MONTGOMERY COU	NTY TEXAS				
lina							
2	Check t	his box if the organization discontinu	led its operation	s or dispose	d of more than 25	% of its net	tassets
8 3		of voting members of the governing body (				3	3
୍ଷ 4		of independent voting members of the gov				4	
5		nber of individuals employed in calendar ye				5	
							250
6		mber of volunteers (estimate if necessary)				6	350
< 7a		related business revenue from Part VIII, co				7a	
b	Net unre	lated business taxable income from Form	990-T, Part I, line	911		7b	
					Prior Year		Current Year
@ 8		tions and grants (Part VIII, line 1h)			371	619.	377050.
9		service revenue (Part VIII, line 2g)			99	136.	162198.
<b>10</b>	Investm	ent income (Part VIII, column (A), lines 3, 4	, and 7d)			96.	1048.
<sup>66</sup> 11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11	e)	21	844.	173.
12	Total rev	enue—add lines 8 through 11 (must equal Part	VIII, column (A), li	ne 12)	492	.695.	540469.
13		Ind similar amounts paid (Part IX, column (					
14		paid to or for members (Part IX, column (A					
<u>س</u> 15		other compensation, employee benefits (Part I					
16a		onal fundraising fees (Part IX, column (A),		,			
b		draising expenses (Part IX, column (D), lin					
17			· · · · · · · · · · · · · · · · · · ·		C 1 5	104	E00022
		penses (Part IX, column (A), lines 11a–11c				184.	509023.
18		penses. Add lines 13–17 (must equal Part I		,	<u> </u>	184.	509023.
19	Revenu	e less expenses. Subtract line 18 from line	12			489.	31446.
					Beginning of Current		End of Year
20		sets (Part X, line 16)			544	098.	582044.
21		pilities (Part X, line 26)					
22		ets or fund balances. Subtract line 21 from	line 20		544	098.	582044.
Part II	Sig	nature Block					
•		y, I declare that I have examined this return, including ac					
and belief, it	is true, corre	ct, and complete. Declaration of preparer (other than of	icer) is based on all ir	nformation of wh		•	
Sign					06/1	18/2024	
Here	Sign	ature of officer			Date		
TIELE		DEIDRE NORTHCOTT		TREA	ASURER		
	Туре	or print name and title					
		•	r's signature		Date		PTIN
Paid							if
Prepare	r <sup>ROE</sup>	ERT D FRY			06/10/2014	self-employed	P01316848
Use Onl		's name ROLAND FRY & WARREN L	LC		Firm's EIN	20-056	6582
550 011	-	's address 1525 LAKEVILLE DR ST K	KINGWOOD	TX 7	77339 Phone no.	281-34	8-9151
Mov the U							
iviay trie l	กอ นเรตนร	s this return with the preparer shown above					X Yes No

	90 (2023)		27-4226307	Page <b>2</b>
Ра	rt III	Statement of Program Service Accomplishments		<b>—</b> 1
		Check if Schedule O contains a response or note to any line in this Part III		· 🛄
1		escribe the organization's mission:		
	DECREA	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		
2			. Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
-		?	Yes	X No
	If "Yes,"	describe these changes on Schedule O.	<u> </u>	
4	Describe	e the organization's program service accomplishments for each of its three largest program services	, as measured t	у
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to other	rs,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:		\$ 5392	48.)
		ORT DOGS AT RISK OF EUTHANASIA FROM MONTGOMERY COUNTY, TEXAS TO		
	ANIMAL	SHELTERS OUT OF STATE WHERE THE ADOPTION RATE IS 95%, SHOWCASE		
	CATS A	ND DOGS AT RISK OF EUTHANASIA FOR LOCAL ADOPTION AND NEUTER,		
		ND VACCINATE FERAL CATS WHICH WOULD OTHERWISE BE EUTHANIZED T THEY CAN BE ADOPTED LOCALLY.		
4b	(Code:	) (Expenses \$ including grants of \$) (Revenue \$	6	)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$		)
	(0000.		^	/
4d		ogram services (Describe on Schedule O.)	,	
	(Expens		)	
4e	lotal pro	gram service expenses 483420.		

Form 990 (2023) OPERATION PETS ALIVE

Part	V 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	Х	1
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	21	<u> </u>
3		•		
_	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)			1
	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,			1
	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 provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part I	6		Х
7		0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	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			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			1
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
44		10		
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			1
	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			1
	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
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11.4		v
		11d	-	X
	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			1
	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			1
	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	1	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	1	^
D			1	1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			İ
. –	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			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17		
18		10	3.7	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	1
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	1	Х

Form **990** (2023)

27-4226307

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 Form 990 (2023)
 OPERATION
 PETS
 ALIVE

 Part IV
 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	~~~		Λ
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
h	to defease any tax-exempt bonds?	24c 24d		X X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	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 Schedule L, Part I.	25b		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	00-		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		Λ
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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	-		37
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dai	19? Note: All Form 990 filers are required to complete Schedule O.       Statements Regarding Other IRS Filings and Tax Compliance	38		Х
Fal	Check if Schedule O contains a response or note to any line in this Part V		ſ	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	

	<b>27-42</b> OPERATION PETS ALIVE 27-42	2630	7 F	Page 5
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		
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 on 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
С	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
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:			
a	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:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U U	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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			†
	excess parachute payment(s) during the year?	15		Х
		15		
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	1		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Yes," complete Form 6069.			

Form 990 (2023) 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 on 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, 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 on 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 on 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С 12c 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 on 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 Own website Another's website Other (explain on Schedule O) 19 Describe on 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 DEIDRE NORTHCOTT 281-639-4226 18 ORCHARD PINE SPRING TX 77381

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		
	Employees, and Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
Form 990 (2023)	OPERATION PETS ALIVE	27-422630	7 Page 1

**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.

■ 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.

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

					C)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		not ch unles ar and Institutional trustee		ition more tl rson it Key employee	han or oth Jste Hinhas' companys(led	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) AMY CULLUM PRESIDENT	12	Х		Х			0	0	0
(2) SUSAN WOOD VICE PRES	12	Х		Х			0	0	0
(3) DE NORTHCOTT TREASURER	12	X		X			0	0	0
<u>(4)</u>				21				0	0
(5)									
(6)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

	art VII Section A. Officers, Directors, Tr	uotooo Kov Er	nnlo			nd	Liabo	ot.	Companyated	Z / - 4 Z Z	0	<u> </u>
P	art VII Section A. Officers, Directors, Tr	uslees, key Er	прю	yee		na   C)	nigne	รเ	Compensated		nunuea)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Èск,	not ch unles <u>er and</u> institutional inuster	Pos Pock	ition	e than o	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amoun of other compensation from the organization and related organization	I
(15)												
(16)												
(17)												
(18)												
(19)												
(20)			-									
(21)												
(22)			-									
(23)			-									
(24)			-									
(25)												
1b c d 2	Subtotal	Section A	· ·	· ·	•	· ·			ed more than \$1	00,000 of		
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If "Yes," complete Sche</i>	ector, trustee, k									Yes         N           3         X	
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .									<b>4</b> X		
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5 X	
	tion B. Independent Contractors	prested inder-	ndar	too	ntra	oto	ro that	rc	onived mars the	n \$100 000 of		—
1	Complete this table for your five highest component compensation from the organization. Report component c								ng with or within			
	(A) Name and business add	ress							(B) Description of ser	vices (	(C) Compensation	
												_
2	Total number of independent contractors (inclu	Iding but not lim	ited t	to th	ose	list	ted ab	ove	e) who received			_

	more than	\$100.000	of compensati	on from the	organization
--	-----------	-----------	---------------	-------------	--------------

Form 9	990 (20	23) OPERATION PETS	AL	IVE				27-4	226307 <b>Page 9</b>
Par	t VIII	Statement of Reven	ue						
		Check if Schedule O co	ntain	s a response o	or note to any line	in this Part VIII.			X
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		<b>1a</b>	1				Sections 312-314
ants ints	b	Membership dues							
nou Nou	c	Fundraising events							
ñs. 7 Ar	d Related organizations								
, Gi Nilai	е	Government grants (contril							
ons Sim	f	All other contributions, gifts							
her		similar amounts not include			240371.				
itri Ott	g	Noncash contributions incl							
Cor End		lines 1a-1f							
	h	Total. Add lines 1a-1f .		<u></u>	Business Code	377050.			
¢	22	ADOPTION FEES			624110	162198.	162198.		
vic	b				024110	102190.	102190.		
Sel	c								
IM Ve	d								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	е								
2	f	All other program service r							
	g	Total. Add lines 2a-2f				162198.			
	3	Investment income (includi	-						
		other similar amounts)				548.	548.		
	4	Income from investment of		• •					
	5	Royalties		(i) Real	(ii) Personal				
	6a	Gross rents	6a	(1) 11041					
	b	Less: rental expenses .	6b						
	-	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from		(i) Securities	(ii) Other				
		sales of assets							
		other than inventory	7a	500.					
Jue	b	Less: cost or other basis							
M@[		and sales expenses	7b	500					
ez Ez	C A	Gain or (loss)	7c	500.		500.	500.		
heī	d 8a	<b>U</b> ( )		· · · · <u>· ·</u>	<u> </u>	500.	500.		
15	•••	events (not including \$	omg						
		of contributions reported or	n line	1c).					
		See Part IV, line 18		8a					
		Less: direct expenses							
		Net income or (loss) from f							
	9a	Gross income from gaming							
	h	See Part IV, line 19 Less: direct expenses							
		Net income or (loss) from g		·	1				
		Gross sales of inventory, le	-						
		returns and allowances .		<b>10</b> a	173.				
	b	Less: cost of goods sold .		10b	)				
	с	Net income or (loss) from s	sales	of inventory.		173.	173.		
0					Business Code				
00 N 00	11a								
lan 'en	b								
100 100	c d	All other revenue							
Mie	e e				L				
	12	Total revenue. See instruct				540469.	163419.		
			•						

### 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 Fundraising Total expenses Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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, 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 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 10 11 Fees for services (nonemployees): a Management . . . . . . . . . . . . . b 856 856 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 1630. 1630. 13 14170 14170 14 15 16 5880 5880 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . 20 21 22 Depreciation, depletion, and amortization . . . . 23 3067 3067. 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), amount, list line 24e expenses on Schedule O.) VETERINARIAN 443453. 443453. а **b** FOSTER EXPENSES 8506. 8506. 10902. 10902. C DOG TRAINING d <u>transport costs</u> 17243. 17243. e All other expenses 3316 3316. -----Total functional expenses. Add lines 1 through 24e . 509023 509023. 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 following SOP 98-2 (ASC 958-720).

Form	990	(20	23)
Pa	rt )	Κ	

OPERATION PETS ALIVE

Balance Sheet

	Check if Schedule O contains a response or note to any line in this l	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	. 525762.	1	563708.
2	Savings and temporary cash investments	18336.	2	18336.
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	
8 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
≪ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 650	00.		
b	Less: accumulated depreciation 10b 650	0.	10c	
11	Investments—publicly traded securities		11	
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	582044.
17	Accounts payable and accrued expenses		17	
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	
22	Loans and other payables to any current or former officer, director,			
ji lit	trustee, key employee, creator or founder, substantial contributor, or 35°			
	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.		25	
26	Total liabilities. Add lines 17 through 25		26	
6	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions	·	28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
<b>30</b>	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ø 31	Retained earnings, endowment, accumulated income, or other funds .		31	582044.
32	Total net assets or fund balances		32	582044.
<b>Z</b> 33	Total liabilities and net assets/fund balances	544098.	33	582044.

Form 990 (2023)

Form §	990(2023) OPERATION PETS ALIVE	27-42	226307	Page <b>12</b>
Part	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	E )	540469.
2	Total expenses (must equal Part IX, column (A), line 25)	2	С С	509023 <b>.</b>
3	Revenue less expenses. Subtract line 2 from line 1	3		31446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	<u>.44098</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	с ,	575544.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
_	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	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			
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	Х
	If the organization changed either its oversight process or selection process during the tax year, explain o			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he		
'	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2023)

SCHEDULE	Α
(Form 990)	

Department of the Treasury

# **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.

2023 Open to Public Inspection

OMB No. 1545-0047

Interna	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
		ne organization						Employer identification	ı number
		TION PETS						27-4226307	
Par					ganizations must co				
1 ne c	brga				For lines 1 through 12 of churches described				
2					ttach Schedule E (For			(')(~)(')	
2					ization described in s		0/6\/4\/A	\/:::\	
		•	•						Fataritha
4			arch organization organization organization of the state		unction with a hospital	describe	ain sect	ION 170(D)(1)(A)(III)	. Enter the
5									
6				•	ntal unit described in	section 1	170(b)(1)(	A)(v).	
7	Х			receives a substant )(A)(vi). (Complete	ial part of its support f Part II.)	rom a gov	rernmenta	I unit or from the ge	neral public
8		A community tr	ust described in	section 170(b)(1)	(A)(vi). (Complete Pa	ırt II.)			
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
10	<ul> <li>university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.)</li> </ul>					1/3% of its			
11		An organization	n organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12		one or more pu	ublicly supported	d organizations des	ely for the benefit of, to cribed in <b>section 509</b> cribes the type of supp	(a)(1) or s	section 5	09(a)(2). See section	on 509(a)(3).
а		the supporte	ed organization(		pervised, or controllec ularly appoint or elect ctions A and B.				
b	[	<b>Type II.</b> A su control or m	upporting organianagement of the	ization supervised of	or controlled in connective to the station vested in the station vested vested in the station vested veste				
с	[	Type III fun	ctionally integr	rated. A supporting	organization operated				tegrated with,
d	Ī				orting organization ope				organization(s)
-	L				tion generally must sa				
	Г				plete Part IV, Section				
е					ritten determination fr ally integrated suppor			s a Type I, Type II, T	ype III
f				organizations		ung organ			
g				•	ted organization(s).				
	(i)	Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
									ļ
(B)									
(C)									
(D)									
(E)									
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	) 2023	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	408308.	286828.	338700.	371619.	37	77050.	1782505.
2	Tax revenues levied for the							
	organization'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	408308.	286828.	338700.	371619.	37	77050.	1782505.
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							1782505.
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	) 2023	(f) Total
7	Amounts from line 4	408308.	286828.	338700.	371619.		77050.	1782505.
8	Gross income from interest, dividends,	100000.	2000201	0007001	0,1010.	0	10001	1,01000.
Ŭ	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources	3.	1.	47.	96.		1048.	1195.
9	Net income from unrelated business	5.	· +	17.	50.		1010.	1190.
9	activities, whether or not the business is							
	regularly carried on							
10	Other income. Do not include gain or							
10	loss from the sale of capital assets							
	(Explain in Part VI.)	125632.	147894.	110918.	99424.	16	52371.	646239.
11	<b>Total support.</b> Add lines 7 through 10	123032.	11/091.	110910.	JJ121.	<u> </u>	12371.	2429939.
12	Gross receipts from related activities, etc. (s	an instructions)				12		2429939.
12	First 5 years. If the Form 990 is for the org	,						
13	organization, check this box and <b>stop here</b> .							
_							<u> </u>	· · · ·
	ction C. Computation of Public Sup		•					72 264
	Public support percentage for 2023 (line 6, c					14		73.36%
15	Public support percentage from 2022 Sched					15	·	75.05%
16a	33 1/3% support test-2023. If the organiza							
	and <b>stop here.</b> The organization qualifies as		-					X
b	33 1/3% support test-2022. If the organization					,		
	box and <b>stop here.</b> The organization qualified	es as a publicly sup	ported organization	n				
17a	10%-facts-and-circumstances test-2023.							
	10% or more, and if the organization meets							
	Part VI how the organization meets the facts		0					
	organization							· · · ·
b	10%-facts-and-circumstances test—2022.							
	15 is 10% or more, and if the organization r in Part VI how the organization meets the fac							
	organization		-	•				П
10	<b>Private foundation.</b> If the organization did r					-		
18								
						• •		
							Schedu	le A (Form 990) 2023

Schedule A (F	orm 990) 2023	OPERATION PH	ETS ALIVE			27-4226307 Page 8
Part VI	III, line 12; Part IV B, lines 1 and 2; 3a, and 3b; Part	formation. Provide the /, Section A, lines 1, 2, Part IV, Section C, line V, line 1; Part V, Sectio Also complete this part	3b, 3c, 4b, 4c, 5a, 1; Part IV, Section n B, line 1e; Part V	6, 9a, 9b, 9c, 11a, 1 D, lines 2 and 3; Pa , Section D, lines 5,	10; Part II, line 17a 11b, and 11c; Part I <sup>N</sup> Irt IV, Section E, line 6, and 8; and Part <sup>V</sup>	or 17b; Part V, Section es 1c, 2a, 2b,
PART I	I LINE 10					
THE 162	2,371 TOTAI	IN 2023 INC	LUDES SALE	S OF MERCHAN	NDISE	
OF 173	AND PET AI	OOPTION FEES	OF 162,198	. FOR 2022,	SALES	
OF MER	CHANDISE WE	CRE 173 AND P	ET ADOPTIO	N FEES WERE	99,136	

Schedule B (Form 990)	Schedule of Contrib	outors	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 9 Go to <i>www.irs.gov/Form990</i> for the late		2023
Name of the organization	1	Employer ident	ification number
OPERATION PET	IS ALIVE	27-422630	7
Organization type (ch	neck one):		
Filers of:	Section:		
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $3$ ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> tre	ated as a private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	l 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**

L

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), 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 

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. BCA

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	D ANN HINKLE PC 539 GREEN ISLE BEACH MONTGOMERY TX 77356- Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	DAVID AND JANET MORRIS 126 N TAYLOR POINT DR THE WOODLANDS TX 77382- 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	JEFF KANDLE 18 FELICITY TRACE THE WOODLANDS TX 77382- Foreign State or Province: Foreign Country:	\$6,021.	PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	ESTATE OF WILLIAM F BELL C/O MICHAEL LILLIBREDGE BOX 84 PEARLAND TX 77584- Foreign State or Province: Foreign Country:	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	THE WOODLANDS HEAT & AC 1715 SAWDUST RD STE A THE WOODLOAND TX 77380- 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	CINDY TICE 59 N OVERLYN PLACE THE WOODLANDS TX 77381- Foreign State or Province: Foreign Country:	\$13,815	Person       X         Payroll       Image: Complete Part II for noncash contributions.)			

Schedule B	(Form	990)	(2023)	

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

Part I	ION PETS ALIVE Contributors (see instructions). Use duplicate copie		7-4226307 needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE PARKER FOUNDATION         35 HARLAND TRACE         BERLIN       MD 21811-         Foreign State or Province:         Foreign Country:	\$5,000.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### Schedule G (Form 990) 2023

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

		events with gross receip	λίο greater than ψ0,000					
			<b>(a)</b> Event #1 CHARITY EVNT	<b>(b)</b> Event #2 EOY MATCH	<b>(c)</b> Other events 1 6	(d) Total events (add col. (a) through		
0)			(event type)	(event type)	(total number)	col. (c))		
ievenu	1	Gross receipts	39,786.	33,618.	63 <b>,</b> 275.	136,679.		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	39,786.	33,618.	63 <b>,</b> 275.	136,679.		
	4	Cash prizes						
	5	Noncash prizes						
ONSES	6	Rent/facility costs						
é Exp	7	Food and beverages						
Direc	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add						
	11	Net income summary. Subtra	ct line 10 from line 3, co	<u>lumn (d)</u>	<u></u>	136,679.		
Par	't III	<b>o</b> 1		ed "Yes" on Form 990,	Part IV, line 19, or repo	rted more than		
23		\$15,000 on Form 990-E	z, ine ba.	(b) Pull tabs/instant		(d) Total gaming (add		
onue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Rev	1	Gross revenue						
1303	2	Cash prizes						
Exper	3	Noncash prizes						
irect l	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes0.0% No	☐ Yes0.0% ☐ No	☐ Yes _0.0% ☐ No			
	7	Direct expense summary. Add	d lines 2 through 5 in col	umn (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities:								
<ul> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li></ul>								
10a b		/ere any of the organization's g "Yes," explain:	aming licenses revoked,	suspended, or terminate	ed during the tax year? .	. 🗌 Yes 🗌 No		

Schedule G (Form 990) 2023

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization
OPERATION PETS ALIVE

Inspection 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 ORGANIZATION'S GOVERNING DOCUMENTS OR FINANCIALS CAN MAKE AN APPOINTMENT WITH THE TREASURER AND CAN VIEW THESE IN THE TREASURER'S OFFICE

**Depreciation and Amortization** OMB No. 1545-0172 Form (Including Information on Listed Property) Attach to your tax return. Department of the Treasury Attachment Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Identifying number Business or activity to which this form relates OPERATION PETS ALIVE MOBILE VETERINARY SERVICE 27-4226307 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 2 Total cost of section 179 property placed in service (see instructions). 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 8 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . 11 12 **13** Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . . . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II 14 Special depreciation allowance for gualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) . . 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) **19 a** 3-year property **b** 5-year property c 7-year property **d** 10-year property **e** 15-year property f 20-year property **g** 25-year property 25 yrs. S/L **h** Residential rental 27.5 yrs. MM S/L propertv 27.5 yrs. MM S/L 39 yrs. i Nonresidential real MM S/L property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs. S/L **c** 30-year MM S/L 30 yrs. MM **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 21

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

For Paperwork Reduction Act Notice, see separate instructions.

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23

Page: 1

2023 ASSET DETAIL REPORT

	Date		Bus.	Bus. 179+			Rec.	ц	Prior	Current	Next	Prior	Current	Gain/	Sales	Date
Description	Acqd	Acqd Cost Use Spec.	Use	Spec.	Basis	Basis Method		C	epr.	Depr.	Year	AMT	AMT	Price	Price	Sold
FORM: MOBILE VETERINARY SERVICE	VETERI	NARY SE	RVICE													

# Rental Property: N/A Depreciation Class: Trailer or trailer mounted container In Service Year: 2019

	1083		
6500	4876	6500	
	374		
	749		
6500	5377	6500	
5.0 HY	5.0 HY		
MACRS	6500 MACRS		
6500 100		6500	
06/19	STATE INFO:		
TRAILER	STATI	Form Totals	

27-4226307

**IRS E-file Signature Authorization** OMB No. 1545-0047 Form 8879-TF for a Tax Exempt Entity For calendar year 2023, or fiscal year beginning \_\_\_\_\_\_, 2023, and ending \_\_\_\_\_\_, 20 2023 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN OPERATION PETS ALIVE 27-4226307 Name and title of officer or person subject to tax DEIDRE NORTHCOTT TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b. 6b. 7b. 8b. 9b. or 10b. whichever is applicable. blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a Form 990** check here . . . . . X **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 540,469 2a Form 990-EZ check here . . . . 2b 3a Form 1120-POL check here . . . 3b 4a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . . 4b 5a Form 8868 check here . . . . 5b 6a Form 990-T check here . . . . 6b 7a Form 4720 check here . . . . 7b b FMV of assets at end of tax year (Form 5227, Item D) . . . . . 8a Form 5227 check here . . . . 8b 9a Form 5330 check here . . . . 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, 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 (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize ROLAND FRY & WARREN LLC to enter my PIN 26307 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date 06/12/2024 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 76974036133 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/28/2024 ERO's signature Date **ERO Must Retain This Form—See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.