

Return of Organization Exempt From Income Tax

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

2017

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.		D Employer identification number 85-0207652
	Doing business as		E Telephone number (505) 255-5523
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,820,431.
	615 VIRGINIA ST SE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE, NM 87108		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: DONNA STUMPF SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ANIMALHUMANENM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965
M State of legal domicile: NM			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SHELTER FOR HOMELESS CATS AND DOGS AS WELL AS APPROPRIATE NUTRITION, VETERINARY CARE, AND		
	2 Check this box <input type="checkbox"/> 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)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	122
	6 Total number of volunteers (estimate if necessary)	6	487
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	174,348.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-141,270.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,533,192.	4,422,279.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	942,438.	1,090,952.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,322.	315,446.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	665,392.	676,866.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,278,344.	6,505,543.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,848,101.	3,894,973.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	187,860.	200,383.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 834,381.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,153,295.	2,256,984.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,189,256.	6,352,340.	
19 Revenue less expenses. Subtract line 18 from line 12	89,088.	153,203.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,744,918.	12,843,823.
	22 Net assets or fund balances. Subtract line 21 from line 20	414,028.	464,260.
		12,330,890.	12,379,563.

Part II Signature Block

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.

Sign Here	Signature of officer <i>Donna M. Stumpf</i>	Date 11-06-2018			
	DONNA STUMPF, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ROBERT A. DE PASQUALE	Preparer's signature <i>Robert A. De Pasquale</i>	Date 11-05-18	Check if self-employed <input type="checkbox"/>	PTIN P00446108
	Firm's name ▶ PULAKOS CPAS, PC	Firm's EIN ▶ 85-0219147			
	Firm's address ▶ 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109		Phone no. (505) 338-1500		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
TO PROVIDE SHELTER FOR HOMELESS CATS AND DOGS AS WELL AS APPROPRIATE NUTRITION, VETERINARY CARE, AND INDIVIDUALIZED ATTENTION FROM OUR VOLUNTEER AND PAID STAFF WHILE IN THE CARE AND CUSTODY OF OUR ORGANIZATION. THIS SERVICE INCLUDES A SKILLED PAIRING OF ADOPTERS WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,642,644.** including grants of \$) (Revenue \$ **506,470.**)
DONOR-SUBSIDIZED VETERINARY CLINIC: ANIMAL HUMANE'S DONOR-SUBSIDIZED VETERINARY CLINIC, LOCATED ON OUR 4-ACRE MAIN CAMPUS, PLAYS A CRUCIAL ROLE IN ENSURING PETS STAY HEALTHY AND WITH THEIR FAMILIES. AS NEW MEXICO'S ONLY FULL-SERVICE LOW-COST VETERINARY CLINIC EXCLUSIVELY SERVING QUALIFYING LOW-INCOME PET OWNERS, WE PROVIDE MUCH NEEDED CARE FOR THOSE WHO CANNOT AFFORD TO TAKE THEIR PETS TO PRIVATE VETERINARY PRACTICES. ANIMAL HUMANE'S MISSION TO PROVIDE ACCESS TO QUALITY VETERINARY CARE ENSURES OWNERS AND PETS MAY LIVE HEALTHY AND HAPPY LIVES TOGETHER. RENOVATED IN OCTOBER 2007, WITH VALUABLE FUNDING FROM PRIVATE DONORS AND FOUNDATIONS, ANIMAL HUMANE'S CLINIC ALSO PROVIDES QUALITY MEDICAL CARE FOR THE THOUSANDS OF HOMELESS PETS THAT WE SHELTER ANNUALLY, MANY OF WHOM REQUIRE SPAY/NEUTER IN ADDITION TO MEDICAL

4b (Code:) (Expenses \$ **1,283,752.** including grants of \$) (Revenue \$ **246,966.**)
ADOPTIONS: ANIMAL HUMANE NEW MEXICO HAS ADOPTED 100% OF THE HEALTHY PETS IN OUR CARE SINCE JANUARY 2010 AND ADOPTED A TOTAL OF 4,037 DOGS AND CATS DURING OUR LAST FISCAL YEAR. WE CONCLUDED OPERATING CYCLE WITH A 91% LIVE RELEASE RATE. EVERY ADOPTED PET RECEIVES QUALITY MEDICAL CARE AT OUR CAMPUS CLINIC, WITH 2,414 HOMELESS CATS AND DOGS BEING STERILIZED PRIOR TO ADOPTION. ADDITIONALLY, ALL MEDICAL PROCEDURES (E.G., DENTALS, ORTHOPEDIC SURGERIES, ABSCESS REMOVALS) NEEDED TO PREPARE PETS FOR ADOPTION ARE PERFORMED AT OUR CLINIC. FINALLY, OUR HIGHLY EFFECTIVE TRAP-NEUTER-RETURN (TNR) PROGRAM LED TO AN ADDITIONAL 1,233 FELINES BEING STERILIZED IN FY18. OUR TNR PROGRAM CONTINUES TO HAVE A DRAMATIC IMPACT ON LOWERING KITTEN INTAKES ANNUALLY, AS WELL AS REDUCING THE NUMBER HOMELESS ADULT CATS, AT CERTAIN PERIODS THROUGHOUT

4c (Code:) (Expenses \$ **959,302.** including grants of \$) (Revenue \$)
LEARN HUMANE: THIS IS OUR SUMMER AND WINTER HOLIDAY EDUCATIONAL CAMP PROGRAM FOR YOUTH IN OUR COMMUNITY. SIXTY CHILDREN ATTENDED FOUR DIFFERENT ONE-WEEK SESSIONS OVER THE SUMMER IN WHICH THEY LEARN ABOUT THE HUMANE TREATMENT OF ANIMALS AND COMPASSION FOR ALL LIFE. ADDITIONALLY, THEY ARE EXPOSED TO THE IMPORTANCE OF SPAY/NEUTER TO COMBAT PET OVERPOPULATION, DIVERSE ANIMAL-RELATED PROFESSIONS, AND ARE INTRODUCED TO HOMELESS CATS & DOGS, AS WELL AS NUMEROUS OTHER SPECIES, VIA FIELDTRIPS TO LOCAL ANIMAL-BASED ORGANIZATIONS OR VISITS BY GUEST SPEAKERS TO OUR SHELTER.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **1,186,214.** including grants of \$) (Revenue \$ **163,168.**)

4e Total program service expenses **5,071,912.**

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	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>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
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>	X	
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>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2017)

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

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 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.	1a	14		
b Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
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		X	
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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
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 with a taxable entity during the year?	16a			X
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 the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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: **SANDY PHILLIPS CPA, CFO - (505)938-7878**
615 VIRGINA ST SE, ALBUQUERQUE, NM 87108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILLY GUPTON DIRECTOR TO DEC 2017	1.00	X					0.	0.	0.	
(2) TIM NICHOLS DIRECTOR TO DEC 2017	1.00	X					0.	0.	0.	
(3) MARY QUITZAU DIRECTOR TO DEC 2017	1.00	X					0.	0.	0.	
(4) CAMILLA SERRANO DIRECTOR TO DEC 2017	1.00	X					0.	0.	0.	
(5) NORM SHROUT DIRECTOR TO DEC 2017	1.00	X					0.	0.	0.	
(6) MAJDAH AL-QUHTANI DIRECTOR	1.00	X					0.	0.	0.	
(7) MARY JURY DIRECTOR	1.00	X					0.	0.	0.	
(8) ALICIA KEYES DIRECTOR	1.00	X					0.	0.	0.	
(9) HOPE MCINTOSH DIRECTOR	1.00	X					0.	0.	0.	
(10) DR. REBECCA MOUNT DIRECTOR	1.00	X					0.	0.	0.	
(11) RYAN NEWHALL DIRECTOR	1.00	X					0.	0.	0.	
(12) EDDIE PADILLA DIRECTOR	1.00	X					0.	0.	0.	
(13) PHIL PREVENDER DIRECTOR	1.00	X					0.	0.	0.	
(14) LINDA SEDILLO DIRECTOR	1.00	X					0.	0.	0.	
(15) SUSAN SHIRES DIRECTOR	1.00	X					0.	0.	0.	
(16) DEBORA RAMIREZ SECRETARY TO DEC 2017	2.00	X		X			0.	0.	0.	
(17) JOSE R. BLANTON SECRETARY FROM JAN 2018	2.00	X		X			0.	0.	0.	

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY D. EISENBERG TREASURER	2.00	X		X				0.	0.	0.
(19) CINDY EDWARDS VICE PRESIDENT FROM JAN 2018	2.00	X		X				0.	0.	0.
(20) MELISSA ROSEN-FRANKEL VP TO DEC '17/PRES. JAN 2018	2.00	X		X				0.	0.	0.
(21) KRIS STICHMAN PRESIDENT TO DEC 2017	2.00	X		X				0.	0.	0.
(22) DONNA M. STUMPF EXECUTIVE DIRECTOR	50.00			X				123,193.	0.	7,036.
(23) SANDY PHILLIPS, CPA CHIEF FINANCIAL OFFICER	50.00			X				91,157.	0.	6,101.
1b Sub-total								214,350.	0.	13,137.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								214,350.	0.	13,137.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NM HEALTH CONNECTIONS P.O. BOX 912637, DENVER, CO 80291	EMPLOYEE'S HEALTH INSURANCE	330,296.
VISA HTLF CARD SERVICES P.O. BOX 672051, DALLAS, TX 75267	BUSINESS CREDIT CARDS	235,236.
MWI VETERINARY SUPPLY CO P.O. BOX 840537, DALLAS, TX 75284	MEDICAL SUPPLIES	229,717.
ALPHA DOG MARKETING 8001 SOUTH 13TH ST, LINCOLN, NE 68512	DIRECT MAIL	195,609.
A&S PLUMBING INC. 5720 INDUSTRY WAY SE, ALBUQUERQUE, NM 87105	CONSTRUCTION	108,578.

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 5

Form **990** (2017)

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 116,026.				
	b Membership dues	1b				
	c Fundraising events	1c 300,699.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,005,554.				
	g Noncash contributions included in lines 1a-1f: \$	152,208.				
	h Total. Add lines 1a-1f	▶ 4,422,279.				
	Program Service Revenue	2 a CLINIC	Business Code 900099	506,470.	506,470.	
b ADOPTIONS		900099	246,966.	246,966.		
c CENTER		900099	226,724.	52,376.	174,348.	
d OUTREACH		900099	110,792.	110,792.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 1,090,952.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 80,779.			80,779.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	7,200.			
		(ii) Personal	0.			
		b Less: rental expenses	0.			
		c Rental income or (loss)	7,200.			
	d Net rental income or (loss)	▶ 7,200.			7,200.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,355,694.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,121,027.			
		c Gain or (loss)	234,667.			
	d Net gain or (loss)	▶ 234,667.			234,667.	
	8 a Gross income from fundraising events (not including \$ 300,699. of contributions reported on line 1c). See Part IV, line 18	a	15,325.			
		b Less: direct expenses	79,804.			
c Net income or (loss) from fundraising events		▶ -64,479.			-64,479.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	848,202.				
	b Less: cost of goods sold	114,057.				
	c Net income or (loss) from sales of inventory	▶ 734,145.			734,145.	
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶ 6,505,543.	916,604.	174,348.	992,312.		

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **10**

Part IX Statement of Functional Expenses

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,851.	194,375.	19,015.	25,461.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,111,971.	2,532,952.	244,061.	334,958.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,957.	34,040.	4,172.	3,745.
9 Other employee benefits	256,249.	207,898.	25,478.	22,873.
10 Payroll taxes	245,945.	199,539.	24,453.	21,953.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,834.	2,806.	19,028.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	200,383.			200,383.
f Investment management fees	6,545.		6,545.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	58,171.	35,583.	2,739.	19,849.
13 Office expenses	501,059.	473,755.	11,020.	16,284.
14 Information technology				
15 Royalties				
16 Occupancy	264,419.	249,962.	9,931.	4,526.
17 Travel	63,362.	52,080.	7,109.	4,173.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	453,261.	406,795.	28,768.	17,698.
23 Insurance	74,685.	60,468.	12,609.	1,608.
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.)				
a MAINTENANCE AND REPAIRS	260,831.	217,736.	24,324.	18,771.
b OTHER FUNDRAISING COSTS	109,003.	0.	0.	109,003.
c GRANT EXPENDITURES	103,822.	103,822.		
d MISCELLANEOUS EXPENSES	94,527.	88,441.	2,480.	3,606.
e All other expenses	245,465.	211,660.	4,315.	29,490.
25 Total functional expenses. Add lines 1 through 24e	6,352,340.	5,071,912.	446,047.	834,381.
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)

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	432,490.	1	94,535.	
	2 Savings and temporary cash investments	14,241.	2	76,926.	
	3 Pledges and grants receivable, net	11,402.	3	221,970.	
	4 Accounts receivable, net	92,348.	4	63,900.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	65,727.	8	129,877.	
	9 Prepaid expenses and deferred charges	82,519.	9	75,607.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	11,801,801.			
	b Less: accumulated depreciation	2,876,629.			
	11 Investments - publicly traded securities	8,405,587.	10c	8,925,172.	
	12 Investments - other securities. See Part IV, line 11	3,191,255.	11	2,603,310.	
	13 Investments - program-related. See Part IV, line 11	97,625.	12	99,442.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	351,724.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,744,918.	15	553,084.		
		16	12,843,823.		
Liabilities	17 Accounts payable and accrued expenses	345,954.	17	403,993.	
	18 Grants payable		18		
	19 Deferred revenue	68,074.	19	60,267.	
	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	414,028.	26	464,260.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	12,185,410.	27	12,166,350.	
	28 Temporarily restricted net assets	145,480.	28	213,213.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		32		
33 Total net assets or fund balances	12,330,890.	33	12,379,563.		
34 Total liabilities and net assets/fund balances	12,744,918.	34	12,843,823.		

Form **990** (2017)

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Form 990 (2017)

85-0207652 Page **12**

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	6,505,543.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,352,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	153,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,330,890.
5	Net unrealized gains (losses) on investments	5	-104,530.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,379,563.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____		X
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 in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2017)

ANIMAL HUMANE ASSOCIATION OF NEW MEXICO

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3900399.	4511999.	4169612.	4533192.	4422279.	21537481.
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	3900399.	4511999.	4169612.	4533192.	4422279.	21537481.
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)						1601594.
6 Public support. Subtract line 5 from line 4.						19935887.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3900399.	4511999.	4169612.	4533192.	4422279.	21537481.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108,197.	96,419.	90,619.	76,712.	80,779.	452,726.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	122,469.	277,482.	20,233.	24,460.	15,325.	459,969.
11 Total support. Add lines 7 through 10						22450176.
12 Gross receipts from related activities, etc. (see instructions)					12	4,949,232.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	88.80 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	83.02 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether 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, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

ANIMAL HUMANE ASSOCIATION OF NEW MEXICO

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

ANIMAL HUMANE ASSOCIATION OF NEW MEXICO

Schedule A (Form 990 or 990-EZ) 2017 **INC.**

85-0207652 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.** **Employer identification number** **85-0207652**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,164,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-104,530.	
b	Donated services and use of facilities	2b	576,299.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	193,861.	
e	Add lines 2a through 2d	2e		665,630.
3	Subtract line 2e from line 1		3	6,498,998.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,545.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		6,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,505,543.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,115,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	576,299.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	193,861.	
e	Add lines 2a through 2d	2e		770,160.
3	Subtract line 2e from line 1		3	6,345,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,545.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		6,545.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,352,340.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE BOARD HAS CREATED A FUND WITH THE ALBUQUERQUE COMMUNITY FOUNDATION FOR THE PURPOSE OF INVESTING IN THE COMMUNITY.

PART X, LINE 2:

AHNM HAS RECEIVED TAX-EXEMPT STATUS UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AHNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2015, 2016 AND 2017 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND REVENUE DEPARTMENT. HOWEVER, AHNM IS NOT CURRENTLY UNDER AUDIT NOR HAS AHNM BEEN CONTACTED BY ANY OF THESE

Part XIII Supplemental Information (continued)

JURISDICTIONS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO
AHNM'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS
INCOME. MANAGEMENT BELIEVES THAT ALL POSITIONS TAKEN WOULD BE UPHELD
UNDER AN EXAMINATION AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS.

ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION WOULD
BE CLASSIFIED AS CURRENT IN AHNM'S FINANCIAL STATEMENTS. NO INTEREST OR
PENALTIES WERE RECORDED IN 2018 OR 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - THRIFT AND ADOPTION CENTERS	114,057.
SPECIAL EVENT EXPENSES	79,804.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	193,861.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - THRIFT AND ADOPTION CENTERS	114,057.
SPECIAL EVENT EXPENSES	79,804.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	193,861.

ANIMAL HUMANE ASSOCIATION OF NEW MEXICO

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DOGGIE DASH & DAWDLE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	316,024.			316,024.
	2 Less: Contributions	300,699.			300,699.
	3 Gross income (line 1 minus line 2)	15,325.			15,325.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,210.			2,210.
	6 Rent/facility costs	16,386.			16,386.
	7 Food and beverages	2,427.			2,427.
	8 Entertainment	3,599.			3,599.
	9 Other direct expenses	55,182.			55,182.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				79,804.
11 Net income summary. Subtract line 10 from line 3, column (d)				-64,479.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more 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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

ANIMAL HUMANE ASSOCIATION OF NEW MEXICO

Schedule G (Form 990 or 990-EZ) 2017 INC.

85-0207652 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ALPHA DOG MARKETING

(I) ADDRESS OF FUNDRAISER: 8001 SOUTH 13TH ST, LINCOLN, NE 68526

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.** Employer identification number **85-0207652**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	83,183.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	58,108.	FAIR MARKET VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-CASH FUND)	X	13	8,264.	DONOR VALUE
26 Other (EVENT OPERATI)	X	6	2,578.	DONOR VALUE
27 Other (GIFT CARD)	X	2	75.	DONOR VALUE
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS BEING REPORTED IN SCHEDULE M, PART I.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public
Inspection

Name of the organization ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number 85-0207652
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALIZED ATTENTION FROM OUR VOLUNTEER AND PAID STAFF WHILE IN THE
CARE AND CUSTODY OF OUR ORGANIZATION. THIS SERVICE INCLUDES A SKILLED
PAIRING OF ADOPTERS WITH IDEALLY MATCHED AND SCREENED FAMILIES AND
INDIVIDUALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IDEALLY MATCHED AND SCREENED FAMILIES AND INDIVIDUALS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE CENTER AT ANIMAL HUMANE: OUR NEWEST 2.28 ACRES, LOCATED DIRECTLY
ACROSS THE STREET FROM OUR 615 VIRGINIA STREET MAIN CAMPUS, OPENED TO
THE PUBLIC IN NOVEMBER 2016. THE DEVELOPMENT BEGAN BY OFFERING DOG
AGILITY INSTRUCTION TO SMALL GROUPS AND INDIVIDUAL OWNER/DOG PAIRS.
AGILITY CLIENTS HAVE QUADRUPLED SINCE INCEPTION AND THIS PAST FY WE
OPENED, TO RAVE REVIEWS, OUR NEWLY RENOVATED BEHAVIOR TRAINING
BUILDING. THIS DEDICATED SPACE PROVIDES AN IDEAL ENVIRONMENT FOR OWNERS
AND THEIR COMPANION PETS TO RECEIVE RICH INSTRUCTION THROUGH DIVERSE
CLASS OFFERINGS.

THIS IMPORTANT PROJECT WAS UNDERTAKEN WITH THE PURPOSE OF: 1.) OFFERING
VALUABLE RESOURCES TO OUR COMMUNITY THAT WORK TO KEEP PETS IN LOVING
HOMES; AND 2.) CREATING NEW REVENUE STREAMS TO SUSTAIN OUR VITAL
PROGRAMS AT OUR CAMPUS, IN OUR COMMUNITY AND THROUGHOUT NEW MEXICO; 3.)
RETAINING OUR WILDLY TALENTED AND DEVOTED TEAM - OUR SHELTER'S RICHEST
RESOURCE.

Name of the organization ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number 85-0207652
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROCEDURES RANGING FROM DENTALS TO ABSCESS REMOVALS TO ORTHOPEDIC SURGERY. EACH OF OUR SHELTER PETS ALSO RECEIVES BEHAVIOR TRAINING AS WELL AS ABUNDANT TLC. MORE THAN 30% OF OUR CLINIC CLIENTS ARE SENIOR CITIZENS. FEES FROM THEIR VISITS, ALONG WITH ALL OTHER CLIENTS, GENERATE VALUABLE REVENUE TO SUPPORT OUR ANNUAL OPERATIONS. IN FY 2018, OUR EXPERT MEDICAL TEAM CONDUCTED 4,988 APPOINTMENTS FOR LOW-INCOME PET OWNERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THRIFT: OUR 6,000 SQUARE-FOOT THRIFT SHOP, LOCATED AT 4646 MENAUL BLVD. NE, IS FILLED WITH GENTLY USED AND NEW ITEMS GENEROUSLY DONATED BY AREA CITIZENS DEVOTED TO OUR MISSION. THE VAST OFFERINGS, WHICH INCLUDE CLOTHING, FURNITURE, HOUSEHOLD GOODS, ANTIQUES, COLLECTIBLES, AMONG MANY OTHERS, PROVIDE PASSIONATE PET LOVERS WITH AN UNIQUE WAY TO SUPPORT OUR LIFE-SAVING WORK THROUGH SHOPPING AND/OR DONATING. OUR ACCESSIBLE LOCATION IN ALBUQUERQUE'S "THRIFT ALLEY" ON MENAUL BOULEVARD, AND OUR CONVENIENT SEVEN DAYS OF OPERATION, MAKE OUR STORE AN INVITING STOP FOR 'THRIFTERS' AND PET LOVERS ALIKE. EQUALLY IMPORTANT, OUR THRIVING THRIFT SHOP GENERATES HEALTHY REVENUE TO CONTRIBUTE TOWARD OUR OPERATIONAL NEEDS.

EXPENSES \$ 501,168. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTREACH: HUMANE EDUCATION IS THE FIRST BRICK IN THE ROAD TOWARD A MORE HUMANE AND COMPASSIONATE COMMUNITY! THROUGH OUR RICH ARRAY OF K-12

Name of the organization	ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number	85-0207652
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EDUCATIONAL AND OUTREACH PROGRAMS, OUR LEARN HUMANE CLASSES INTRODUCES NEW MEXICO'S YOUTH AND ADULTS TO CONCEPTS, SKILLS AND RESOURCES THAT HELP HUMANS BUILD RESPECTFUL AND COMPASSIONATE RELATIONSHIPS WITH THEIR COMPANION PETS AND ONE ANOTHER. DURING FY 2018, OUR HUMANE EDUCATORS AND VOLUNTEERS REACHED 6,048 STUDENTS AND TEACHERS WITH AN IMPRESSIVE 8,766 EDUCATIONAL CONTACT HOURS.

EXPENSES \$ 363,643. INCLUDING GRANTS OF \$ 0. REVENUE \$ 110,792.

PROJECT FETCH: OUR MOST IMPORTANT STATEWIDE PROGRAM IS PROJECT FETCH. ANIMAL HUMANE'S CONSISTENT 90%+ LIVE RELEASE RATE (LRR) IS A STARK CONTRAST TO NEW MEXICO'S LRR OF 50%. HENCE, YEAR-ROUND, WE PARTNER WITH PRIVATE AND MUNICIPAL SHELTERS, AS WELL AS LARGE AND SMALL RESCUE GROUPS, TO BRING AT-RISK PETS UNDER OUR CARE SO THAT THEY MAY RECEIVE THE SECOND CHANCE THEY DESERVE. THIS PAST FISCAL YEAR, OUR SHELTER TRANSFERRED IN 1,896 PETS FROM 17 PARTNER AGENCIES ACROSS 15 COUNTIES; FROM ARTESIA TO GALLUP AND FROM LAS CRUCES TO FARMINGTON, ANIMAL HUMANE HARBORED AND CARED FOR AT-RISK PETS IN NEED OF LOVING HOMES. ADDITIONALLY, WE ROUTINELY TRANSFER IN FROM THE ALBUQUERQUE ANIMAL WELFARE DEPARTMENT.

BEHAVIOR TRAINING AND HELPLINE: ANIMAL HUMANE EMPLOYS POSITIVE REINFORCEMENT TRAINING TECHNIQUES DESIGNED TO STRENGTHEN AN OWNER'S RELATIONSHIP WITH THEIR PET. PET OWNERS ARE TAUGHT HOW TO REINFORCE GOOD BEHAVIOR AND REMOVE REWARDS TO DISCOURAGE INAPPROPRIATE CONDUCT. THROUGH OUR DIVERSE BEHAVIOR TRAINING CLASSES (WITH PETS), EDUCATIONAL SEMINARS (OWNERS ONLY), PRIVATE BEHAVIOR CONSULTATIONS (PETS & OWNERS) AND ADDITIONAL RESOURCES SUCH AS OUR FREE BEHAVIOR HELPLINE (505.938.7900), ANIMAL HUMANE IS DEDICATED TO PROVIDING PEOPLE WITH THE

Name of the organization	ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number	85-0207652
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EDUCATION AND TOOLS NEEDED FOR RESPONSIBLE AND JOYFUL PET OWNERSHIP.

SAFETY NET PROGRAMMING: THIS IMPORTANT PROGRAMMING WAS MADE POSSIBLE THROUGH OUR ASPCA COMMUNITY PARTNERSHIP GRANT, IN COLLABORATION WITH THE CITY OF ALBUQUERQUE ANIMAL WELFARE DEPARTMENT, AS WELL AS PETSMAST CHARITIES, INC. NATIONWIDE, THERE HAS BEEN A GROWING MOVEMENT TO PROVIDE MORE RESOURCES TO PET OWNERS TO KEEP PETS IN HOMES. HENCE, OUR PARTNERSHIP EFFORTS HAVE FOCUSED ON NUMEROUS TACTICS INCLUDING: FREE MICROCHIPS & VACCINATIONS OFFERED AT PET HEALTH FAIRS (PHF) HELD AT COMMUNITY CENTERS AND PARKS IN TARGETED LOW-INCOME NEIGHBORHOODS, FREE SPAY/NEUTER VOUCHERS DISPERSED AT PHF, FUNDS FOR EMERGENCY VETERINARY CARE, FUNDS FOR PET APARTMENT RENTAL DEPOSITS, FREE YARD FENCING OR DOG RUNS, ETC. OUR COMBINED EFFORTS HAVE: IMPROVED THE HEALTH OF PETS IN OUR COMMUNITY, STRENGTHENED OUR RELATIONSHIPS WITH PET OWNERS, AND, WORKED TO KEEP SEVERAL HUNDRED PETS OUT OF OUR SHELTERS ANNUALLY.

THE CENTER AT ANIMAL HUMANE: OUR NEWEST 2.28 ACRES, LOCATED DIRECTLY ACROSS THE STREET FROM OUR 615 VIRGINIA STREET MAIN CAMPUS, OPENED TO THE PUBLIC IN NOVEMBER 2016. THE DEVELOPMENT BEGAN BY OFFERING DOG AGILITY INSTRUCTION TO SMALL GROUPS AND INDIVIDUAL OWNER/DOG PAIRS. AGILITY CLIENTS HAVE QUADRUPLED SINCE INCEPTION AND THIS PAST FY WE OPENED, TO RAVE REVIEWS, OUR NEWLY RENOVATED BEHAVIOR TRAINING BUILDING. THIS DEDICATED SPACE PROVIDES AN IDEAL ENVIRONMENT FOR OWNERS AND THEIR COMPANION PETS TO RECEIVE RICH INSTRUCTION THROUGH DIVERSE CLASS OFFERINGS.

THIS IMPORTANT PROJECT WAS UNDERTAKEN WITH THE PURPOSE OF: 1.) OFFERING VALUABLE RESOURCES TO OUR COMMUNITY THAT WORK TO KEEP PETS IN LOVING HOMES; AND 2.) CREATING NEW REVENUE STREAMS TO SUSTAIN OUR VITAL

Name of the organization	ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number	85-0207652
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PROGRAMS AT OUR CAMPUS, IN OUR COMMUNITY AND THROUGHOUT NEW MEXICO; 3.)
RETAINING OUR WILDLY TALENTED AND DEVOTED TEAM - OUR SHELTER'S RICHEST
RESOURCE.

EXPENSES \$ 321,403. INCLUDING GRANTS OF \$ 0. REVENUE \$ 52,376.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS DISTRIBUTED TO MEMBERS OF THE FINANCE COMMITTEE FOR THEIR
DETAIL REVIEW AND COMMENT PRIOR TO DISTRIBUTION TO THE BOARD OF DIRECTORS
AND SUBSEQUENT SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND OFFICERS ARE REQUIRED TO BE SELF-MONITORING AND REPORT ANY
ACTUAL OR PERCEIVED CONFLICT OF INTEREST. DIRECTORS ARE REQUIRED TO SIGN
AND SUBMIT AN ACKNOWLEDGEMENT OF CONFLICT STATEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY BOARD
ACTION BASED ON THE THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE.
THIS COMMITTEE INCLUDES: THE BOARD PRESIDENT AND VICE PRESIDENT, BOARD HR
COMMITTEE CHAIR AND FINANCE COMMITTEE CHAIR, AND THE BOARD REPRESENTATIVE
FOR THE VETERINARIAN COMMUNITY. EXECUTIVE DIRECTOR BASE COMPENSATION IS
REVIEWED AND APPROVED DURING THE ANNUAL BUDGETING PROCESS. THE REVIEW
PROCESS INCLUDES A STUDY OF INDUSTRY COMPARISONS PROVIDED BY THE SOCIETY OF
ANIMAL WELFARE ADMINISTRATORS, AS WELL AS OUR KNOWLEDGE OF THE ALBUQUERQUE
WAGE RATES. THE REVIEW PROCESS USED THE FY 2017 DATA TO DETERMINE THE
EXECUTIVE DIRECTOR BONUS. BOARD MEMBERS ARE VOLUNTEERS AND RECEIVED NO
COMPENSATION FOR THE 2016-2017 FISCAL YEAR.

Name of the organization ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.	Employer identification number 85-0207652
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC ON ANIMAL HUMANE'S WEBSITE AND UPON
REQUEST.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT OR THE SELECTION
PROCESS DURING THE TAX YEAR.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

**ANIMAL HUMANE ASSOCIATION OF NEW MEXICO
INC.**

Employer identification number

85-0207652

Name and title of officer

**DONNA STUMPF
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.**

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,505,543.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PULAKOS CPAS, PC to enter my PIN 07652
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature ▶ *Donna M. Stumpf* Date ▶ 11-06-2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85004195331
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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.

ERO's signature ▶ *Robert A. De Pasquale* Date ▶ 11-05-18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**