

Form **990****Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC.		D Employer identification number 85-0207652
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 VIRGINIA STREET SE		E Telephone number 505-255-5523
	City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE NM 87108		G Gross receipts \$ 7,765,298
	F Name and address of principal officer: DONNA M. STUMPF 615 VIRGINIA ST. SE ALBUQUERQUE NM 87108		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶
J Website: ▶ WWW.ANIMALHUMANENM.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	168
	6 Total number of volunteers (estimate if necessary)	6	457
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	631,575
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,712,988	4,370,218
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,483,552	1,481,192
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,496	102,144
Expenses	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,068,702	1,538,958
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,393,738	7,492,512
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,991,817	4,381,367
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 817,943	238,363	233,340
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,063,422	2,158,316
	19 Revenue less expenses. Subtract line 18 from line 12	6,293,602	6,773,023
	20 Total assets (Part X, line 16)	2,100,136	719,489
	21 Total liabilities (Part X, line 26)	16,486,979	16,434,234
	22 Net assets or fund balances. Subtract line 21 from line 20	525,327	539,626
		15,961,652	15,894,608

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	Date
	DONNA M. STUMPF Type or print name and title	EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	ROBERT A. DEPASQUALE	ROBERT A. DEPASQUALE
	Date	Check ☐ if PTIN self-employed
	Firm's name	Firm's EIN
	PULAKOS CPAS, PC	85-0219147
	Firm's address	Phone no.
	5921 JEFFERSON ST NE	505-338-1500
	ALBUQUERQUE, NM 87109	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

DAA

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:**SEE SCHEDULE 0****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 \$ **1,569,616** including grants of \$) (Revenue \$ **425,335**)**SEE SCHEDULE 0****4b** (Code:) (Expenses \$ **1,131,100** including grants of \$) (Revenue \$ **631,575**)**SEE SCHEDULE 0****4c** (Code:) (Expenses \$ **1,028,601** including grants of \$) (Revenue \$ **240,826**)**SEE SCHEDULE 0****4d** Other program services (Describe on Schedule O.)(Expenses \$ **1,726,475** including grants of \$) (Revenue \$ **183,456**)**4e** Total program service expenses **5,455,792**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	48	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	168
b	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.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on 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

	1a	12	1b	12	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 on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
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?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						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?						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?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					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 on Schedule O						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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

PATRICK WILKINS**615 VIRGINIA ST SE****ALBUQUERQUE****NM 87108****505-593-8787**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE GARCIA	1.00									
DIRECTOR	0.00	X						0	0	0
(2) JAMES T. REIST, ESQ.	1.00									
DIRECTOR	0.00	X						0	0	0
(3) RON BURSTEIN, AIA, CCS	1.00									
DIRECTOR	0.00	X						0	0	0
(4) NICOLE D. ABREU	1.00									
DIRECTOR	0.00	X						0	0	0
(5) KRISTEN M. KENNEDY	1.00									
DIRECTOR	0.00	X						0	0	0
(6) PHIL PREVENDER	1.00									
DIRECTOR	0.00	X						0	0	0
(7) PEGGY WRIGHT	1.00									
DIRECTOR TO 10/2021	0.00	X						0	0	0
(8) CINDY EDWARDS	1.00									
DIRECTOR	0.00	X		X				0	0	0
(9) LINDA GONZALES TREAS. TO 12/2021	1.00									
DIRECTOR FROM 1/2022	0.00	X		X				0	0	0
(10) JOSHUA M. HOWE DIR. TO 12/2021	1.00									
TREAS. FROM 1/2022	0.00	X		X				0	0	0
(11) TRACY JENKS	2.00									
SECRETARY	0.00	X		X				0	0	0

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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RYAN NEWHALL	PRESIDENT TO 12/2021									
	1.00									
DIRECTOR FROM 1/2022	0.00	X		X				0	0	0
(13) DR. REBECCA MOUNT	VP TO 12/2021									
	2.00									
PRES. FROM 1/2022	0.00	X		X				0	0	0
(14) DONNA M. STUMPF										
	50.00									
EXECUTIVE DIRECTOR	0.00			X				130,896	0	7,371
(15) SANDY PHILLIPS, CPA										
	50.00									
CFO TO 4-21-22	0.00			X				111,549	0	6,525
(16) PATRICK WILKINS, CPA										
	50.00									
CFO FROM 3-28-22	0.00			X				0	0	0
(17) REBECCA YARNE										
	50.00									
VETERINARIAN	0.00					X		117,728	0	3,938
1b Subtotal								360,173		17,834
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								360,173		17,834

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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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
VISA- HTLF CARD SERVICES DALLAS TX 75267	P.O. BOX 672051 CR. CARD PROC.	317,908
ALPHA DOG MARKETING LINCOLN NE 68512	8001 SOUTH 13TH ST DIRECT MAILING	221,396

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 **2**

Part VIII Statement of RevenueCheck 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	1a Federated campaigns	1a	116,377				
	b Membership dues	1b					
	c Fundraising events	1c	213,954				
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,989,887				
	g Noncash contributions included in lines 1a-1f	1g	\$ 63,714				
	h Total. Add lines 1a-1f			4,370,218			
	Program Service Revenue			Business Code			
2a DAY CARE & BOARDING			900099	492,064		492,064	
b CLINIC			900099	425,335	425,335		
c ADOPTIONS			900099	240,826	240,826		
d OTHER PROGRAMS			900099	183,456	183,456		
e AGILITY TRAINING			900099	139,511		139,511	
f All other program service revenue							
g Total. Add lines 2a-2f				1,481,192			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			104,260			104,260
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales exps.	7b	128,560	63,714			
	c Gain or (loss)	7c	130,676	63,714			
	d Net gain or (loss)		-2,116				-2,116
	8a Gross income from fundraising events (not including \$ 213,954 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b		19,594			
	c Net income or (loss) from fundraising events			-19,594			-19,155
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a		903,974				
b Less: cost of goods sold	10b		58,802				
c Net income or (loss) from sales of inventory			845,172			845,172	
Miscellaneous Revenue			Business Code				
	11a ERC PR TAX CREDIT			713,380			713,380
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			713,380			
12 Total revenue. See instructions			7,492,512	849,617	631,575	1,641,541	

Form 990 (2021)

ANIMAL HUMANE ASSOCIATION OF**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(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	272,842	227,909	20,987	23,946
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	3,659,023	3,056,348	281,295	321,380
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,037	26,563	2,489	2,985
9 Other employee benefits	134,920	111,867	10,483	12,570
10 Payroll taxes	282,545	234,268	21,953	26,324
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,769	14,296	4,823	650
d Lobbying				
e Professional fundraising services. See Part IV, line 17	233,340			233,340
f Investment management fees	9,616		9,616	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	135,239	111,413	20,997	2,829
12 Advertising and promotion	45,960	24,527	12,151	9,282
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	336,751	317,478	12,780	6,493
17 Travel	30,633	24,524	4,366	1,743
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	436,574	388,162	30,498	17,914
23 Insurance	110,048	93,972	14,148	1,928
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	520,830	460,632	26,868	33,330
b MAINTENANCE AND REPAIRS	300,343	261,581	20,466	18,296
c BANK SERVICE CHARGES	97,921	61,278	430	36,213
d OTHER FUNDRAISING COSTS	88,702	21,311	733	66,658
e All other expenses	25,930	19,663	4,205	2,062
25 Total functional expenses. Add lines 1 through 24e	6,773,023	5,455,792	499,288	817,943
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

ANIMAL HUMANE ASSOCIATION OF**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	763,031	1	434,069
	2 Savings and temporary cash investments	627,366	2	527,570
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,958	4	26,687
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	82,881	8	149,405
	9 Prepaid expenses and deferred charges	110,649	9	114,394
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,279,206		
	b Less: accumulated depreciation	10b 4,458,767		
	11 Investments—publicly traded securities	9,255,833	10c	8,820,439
	12 Investments—other securities. See Part IV, line 11	5,031,118	11	5,049,156
	13 Investments—program-related. See Part IV, line 11	122,016	12	114,007
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	485,127	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,486,979	15	1,198,507	
Liabilities	17 Accounts payable and accrued expenses	16	16,434,234	
	18 Grants payable	500,963	17	518,631
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	24,364	19	20,995
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	525,327	25	
	27 Net assets without donor restrictions	15,519,752	26	539,626
Net Assets or Fund Balances	28 Net assets with donor restrictions	441,900	27	15,415,532
	29 Capital stock or trust principal, or current funds		28	479,076
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	15,961,652	31	15,894,608
	33 Total liabilities and net assets/fund balances	16,486,979	32	16,434,234
	33 Total liabilities and net assets/fund balances		33	

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck 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	7,492,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,773,023
3	Revenue less expenses. Subtract line 2 from line 1	3	719,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,961,652
5	Net unrealized gains (losses) on investments	5	-700,732
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-85,801
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,894,608

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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: ☒ Separate basis ☐ Consolidated basis ☐ 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 on 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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

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

Employer identification number

85-0207652**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,422,279	4,663,551	4,930,911	5,712,988	4,370,218	24,099,947
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	4,422,279	4,663,551	4,930,911	5,712,988	4,370,218	24,099,947
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)						685,271
6 Public support. Subtract line 5 from line 4						23,414,676

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,422,279	4,663,551	4,930,911	5,712,988	4,370,218	24,099,947
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80,779	70,572	41,531	65,602	104,260	362,744
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.)	15,325	11,625	8,820	511,557	713,380	1,260,707
11 Total support. Add lines 7 through 10						25,723,398
12 Gross receipts from related activities, etc. (see instructions)					12	4,581,085

13 First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	91.02 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.03 %
16a 33 1/3% support test—2021. 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 ☒		
b 33 1/3% support test—2020. 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 ☐		
17a 10%-facts-and-circumstances test—2021. 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 ☐		
b 10%-facts-and-circumstances test—2020. 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 ☐		
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 ☐		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)**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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 on line 2, above, 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.

	Yes	No
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** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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.

	Yes	No
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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—provide details in Part VI)	
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING EVENTS \$ **35,770**

ERC PR TAX CREDIT \$ **1,198,507**

FFCRA PR TAX CREDIT \$ **26,430**

**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

2021**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?		☐ Yes ☐ 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?		☐ Yes ☐ 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 (for example, 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,016	97,447	101,161	99,442	97,625
b Contributions					
c Net investment earnings, gains, and losses	-2,553	29,543	1,229	6,592	6,728
d Grants or scholarships					
e Other expenditures for facilities and programs	5,456	4,974	4,943	4,873	4,911
f Administrative expenses					
g End of year balance	114,007	122,016	97,447	101,161	99,442

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **100.00 %**
 b Permanent endowment %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,569,682		1,569,682
b Buildings		9,496,454	2,874,274	6,622,180
c Leasehold improvements		870,603	501,314	369,289
d Equipment		1,069,914	820,859	249,055
e Other		272,553	262,320	10,233
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,820,439

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. (Column (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. (Column (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) RECEIVABLE-EMPLOYEE RETENTION CREDIT	1,198,507
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,198,507

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 FASB 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	7,565,956
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-700,732
b	Donated services and use of facilities	2b	706,901
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	76,891
e	Add lines 2a through 2d	2e	83,060
3	Subtract line 2e from line 1	3	7,482,896
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	9,616
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,616
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,492,512

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	7,547,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	706,901
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	78,396
e	Add lines 2a through 2d	2e	785,297
3	Subtract line 2e from line 1	3	6,761,902
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	9,616
b	Other (Describe in Part XIII.)	4b	1,505
c	Add lines 4a and 4b	4c	11,121
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,773,023

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 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

ANIMAL HUMANE HAS RECEIVED TAX-EXEMPT STATUS UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ANIMAL HUMANE HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS FOR ALL OPEN TAX YEARS. ANIMAL HUMANE IS NOT CURRENTLY UNDER AUDIT NOR HAS ANIMAL HUMANE BEEN CONTACTED BY ANY TAXING JURISDICTION. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO ANIMAL HUMANE'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATION AS UNRELATED

Part XIII Supplemental Information (continued)

BUSINESS INCOME. MANAGEMENT BELIEVES THAT ALL POSITIONS TAKEN WOULD BE UPHOLD 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 ANIMAL HUMANE'S FINANCIAL STATEMENTS. NO INTEREST OR PENALTIES WERE RECORDED IN 2022 OR 2021.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD	\$	58,802
SPECIAL EVENT EXPENSES	\$	19,594
LOSS ON ABANDONED ASSETS	\$	-1,505

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD	\$	58,802
SPECIAL EVENT EXPENSES	\$	19,594

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

LOSS ON ABANDONED ASSETS	\$	1,505
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**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection**ANIMAL HUMANE ASSOCIATION OF
NEW MEXICO INC.**

Employer identification number

85-0207652**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants
- b** ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☒ Phone solicitations **g** ☒ Special fundraising events
- d** ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP 1 8001 SOUTH 13TH ST LINCOLN NE 68526	PART IV		X	534,783	233,340	301,443
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				534,783	233,340	301,443

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.**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 DOGGIE DASH (event type)	(b) Event #2 GARCIASUBARU SH (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	179,899	22,650	11,405	213,954
	2 Less: Contributions	179,899	22,650	11,405	213,954
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			54	54
	6 Rent/facility costs				
	7 Food and beverages	290		63	353
	8 Entertainment				
	9 Other direct expenses	18,865		322	19,187
	10 Direct expense summary. Add lines 4 through 9 in column (d)				19,594
	11 Net income summary. Subtract line 10 from line 3, column (d)				-19,594

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

- 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, PAGE 3, PART IV - ADDITIONAL INFORMATION
DIRECT MAIL CAMPAIGN

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ **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 instructions and the latest information.**

OMB No. 1545-0074

2021**Open To Public
Inspection****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				
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				
17 Real estate — Other	X	1	63,714	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
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 V, Donee Acknowledgement

29**0**

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?

Yes No

30a		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?

31	X	
-----------	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		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.

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

Schedule M (Form 990) 2021

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 - SUPPLEMENTAL INFORMATION**SCHEDULE M, PART I, COLUMN (B):**

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

**SCHEDULE O
(Form 990)**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 Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

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

Employer identification number

85-0207652**FORM 990 - ORGANIZATION'S MISSION**

TO PROVIDE SHELTER FOR HOMELESS CATS AND DOGS AS WELL AS APPROPRIATE NUTRITION, VETERINARY CARE, EXERCISE AND INDIVIDUALIZED TRAINING AND ATTENTION FROM OUR STAFF AND VOLUNTEERS 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 4A - FIRST ACCOMPLISHMENT

DONOR-SUBSIDIZED VETERINARY CLINIC: ANIMAL HUMANE'S DONOR-SUBSIDIZED VETERINARY CLINIC, LOCATED ON OUR 4-ACRE MAIN CAMPUS, PLAYS A CRITICAL 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 IS A CRUCIAL LINK TO HAVING OWNERS AND THEIR PETS LIVING HAPPY, HEALTHY LIVES TOGETHER. RENOVATED IN OCTOBER 2007, WITH 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 PROCEDURES RANGING FROM DENTALS TO BLOOD OR URINALYSIS TO ORTHOPEDIC SURGERY. EACH OF OUR SHELTER PETS ALSO RECEIVES BEHAVIOR TRAINING AS WELL AS ABUNDANT LOVE AND ATTENTION FROM OUR STAFF AND VOLUNTEERS. MORE THAN 30% OF OUR CLINIC CLIENTS ARE SENIOR CITIZENS. FEES FROM THEIR VISITS, ALONG WITH ALL OTHER CLIENTS, GENERATES REVENUE TO SUPPORT OUR ANNUAL OPERATIONS. IN FY 2022, OUR EXPERT MEDICAL

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ANIMAL HUMANE ASSOCIATION OF

85-0207652

TEAM CONDUCTED 2,723 APPOINTMENTS, 3,377 SPAY/NEUTER PROCEDURES AND 350 SPECIAL SURGERIES FOR PETS OWNED BY LOW-INCOME OWNERS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE CENTER AT ANIMAL HUMANE: OUR 2.28-ACRE DEVELOPMENT IS LOCATED DIRECTLY ACROSS THE STREET FROM OUR 615 VIRGINIA STREET MAIN CAMPUS.

PHASE I OPENED TO THE PUBLIC IN NOVEMBER 2016. THE DEVELOPMENT BEGAN BY OFFERING DOG AGILITY INSTRUCTION TO SMALL CLASS SIZES AND INDIVIDUAL OWNER/DOG PAIRS. AGILITY CLIENTS HAVE GROWN SUBSTANTIALLY WITH MOST TAKING CLASSES EACH WEEK YEAR-ROUND.

OUR RENOVATED BEHAVIOR TRAINING BUILDING OPENED IN AUGUST 2017. THIS DEDICATED SPACE OFFERS THE IDEAL ENVIRONMENT FOR OWNERS + DOGS TO RECEIVE IMPORTANT INSTRUCTION THROUGH DIVERSE GROUP CLASS OFFERINGS AND PRIVATE CONSULTATIONS.

PHASE II RENOVATIONS ON OUR SECOND AND LARGEST BUILDING ALLOWED US TO BEGIN PROVIDING DOGGIE DAY CARE & BOARDING SERVICES TO THE COMMUNITY STARTING IN MAY 2019. THIS NEW REVENUE SOURCE IS BOTH WELCOMED BY PET OWNERS AND WORKS TO GENERATE VALUABLE OPERATIONAL FUNDING. DAY CARE SWELLED DURING THE PANDEMIC-AS COMMUNITY PARTNERS HIGHLIGHTED OUR SERVICES THROUGH GRATIS AND EXTREMELY AFFORDABLE MARKETING AVENUES-AND OWNERS DECIDED DAY PLAY WAS THE PERFECT OUTLET FOR THEIR DOGS WHEN CONDUCTING BUSINESS MEETINGS FROM HOME. BOARDING ALSO INCREASED, AS HAPPY PETS RETURNED HOME, AND AWARENESS OF OUR SERVICES GREW.

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ANIMAL HUMANE ASSOCIATION OF

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FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

ADOPTIONS: ANIMAL HUMANE NEW MEXICO HAS ADOPTED 100% OF THE HEALTHY PETS IN OUR CARE SINCE JANUARY 2010 AND TOTAL OUTGOING PETS IN FY22 REACHED 3,224; THIS EQUATES TO A 96% LIVE RELEASE RATE FOR THE OPERATING CYCLE. EVERY ADOPTED PET RECEIVES QUALITY MEDICAL CARE AT OUR CAMPUS CLINIC AND 1,919 CATS AND DOGS WERE STERILIZED PRIOR TO ADOPTION. ADDITIONALLY, MEDICAL PROCEDURES/TREATMENTS (E.G., LACERATION REPAIRS, MASS REMOVALS, RINGWORM/PARVOVIRUS/PARASITE TREATMENT) NEEDED TO READY PETS FOR ADOPTION ARE PERFORMED BY OUR CLINIC & ANIMAL CARE TEAMS. OUR HIGHLY EFFECTIVE TRAP-NEUTER-RETURN (TNR) PROGRAM LED TO AN ADDITIONAL 828 FELINES BEING STERILIZED IN FY22. OUR TNR PROGRAM CONTINUES TO HAVE A DRAMATIC IMPACT ON LOWERING KITTEN INTAKES AND REDUCING OUR COMMUNITY CAT POPULATION.

CAMP HUMANE: THIS IS OUR EXCITING YOUTH SUMMER AND WINTER HOLIDAY EDUCATIONAL CAMP PROGRAM. IN FY22, WE REACHED 38 CAMPERS WITH THE ADDED ASSISTANCE OF TWO JUNIOR VOLUNTEER COUNSELORS-AND TOGETHER WE SHARED VALUABLE LESSONS ABOUT THE IMPORTANCE OF HUMANE TREATMENT OF ANIMALS AND COMPASSION FOR ALL LIFE. ADDITIONALLY, THESE FUTURE RESPONSIBLE PET OWNERS WERE EXPOSED TO THE IMPORTANCE OF SPAY/NEUTER, DIVERSE ANIMAL-RELATED PROFESSIONS AND WERE INTRODUCED TO NUMEROUS SPECIES OUTSIDE OF THE HOMELESS CATS AND DOGS WE SERVE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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 OUR COMMUNITY. THE VAST OFFERINGS, WHICH INCLUDE CLOTHING, FURNITURE, HOUSEHOLD GOODS, ANTIQUES, COLLECTIBLES, GIVE PET LOVERS A UNIQUE AVENUE TO SUPPORT

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ANIMAL HUMANE ASSOCIATION OF

85-0207652

OUR LIFE-SAVING WORK THROUGH SHOPPING AND/OR DONATING. OUR LOCATION ON MENAUL BOULEVARD'S "THRIFT STORE ROW" MAKES OUR STORE AN INVITING STOP FOR THRIFTERS AND PET LOVERS ALIKE. EQUALLY IMPORTANT, OUR THRIVING THRIFT SHOP GENERATES HEALTHY REVENUE TO CONTRIBUTE TOWARD OUR SHELTER'S OPERATIONAL NEEDS. DURING FY22, WE EXPERIENCED STRONG DONATIONS AND FOOT TRAFFIC-AS WE RETURNED TO PRE-COVID LEVELS FOR REVENUE AND DONATIONS.

ANIMAL HUMANE NEW MEXICO PROVIDES EVERY HOMELESS CAT AND DOG IN OUR CARE WITH INDIVIDUAL TRACKS THAT ADDRESS THEIR UNIQUE MEDICAL, BEHAVIORAL AND/OR EMOTIONAL NEEDS. OUR COMPREHENSIVE PROGRAMMING SUCCESSFULLY RESULTS IN THOUSANDS OF HOMELESS PETS FINDING PERMANENT PLACEMENT IN NEW HOMES. ANIMAL HUMANE IS PROUD TO HAVE LAUNCHED THE STATE'S 1ST MEET-YOUR-MATCH PROGRAM, AN ASPCA MATCHMAKING SYSTEM THAT UNITES COMPATIBLE PET AND HUMAN COMPANIONS. EVERY POTENTIAL OWNER IS SCREENED BY OUR TRAINED STAFF AND THEIR ADOPTION FEES GENERATE IMPORTANT REVENUE TO GO TOWARD THE COSTS OF OUR COMPREHENSIVE CARE. CONTINUING AS A RESPONSE TO COVID-19, OUR ADOPTIONS TEAM CONDUCTS FACE-TO-FACE ADOPTIONS BY APPOINTMENT.

OUTREACH: HUMANE EDUCATION IS A FOUNDATIONAL STEP TOWARD BUILDING A HUMANE AND COMPASSIONATE COMMUNITY. THROUGH OUR RICH ARRAY OF K-12 EDUCATIONAL AND OUTREACH PROGRAMS, OUR LEARN HUMANE CLASSES INTRODUCE 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 FY22, OUR HUMANE EDUCATORS AND VOLUNTEERS REACHED 4,118 STUDENTS AND TEACHERS WITH AN IMPRESSIVE 3,744 EDUCATIONAL CONTACT HOURS.

PROJECT FETCH: LAUNCHED IN 2009, PROJECT FETCH IS A FLAGSHIP PROGRAM THAT

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ANIMAL HUMANE ASSOCIATION OF**85-0207652**

DEMONSTRATES OUR SHELTER'S COMMITMENT TO SERVING HOMELESS PETS THROUGHOUT NEW MEXICO. ANIMAL HUMANE'S FY22 96% LIVE RELEASE RATE (LRR) IS A STARK CONTRAST TO NEW MEXICO'S LRR NEAR 80%. YEAR-ROUND WE PARTNER WITH PRIVATE AND MUNICIPAL SHELTERS THROUGHOUT NEW MEXICO, AS WELL AS LARGE AND SMALL RESCUE GROUPS, TO GIVE AT-RISK PETS THE SECOND CHANCE THEY DESERVE. DURING FY22, OUR SHELTER TRANSFERRED IN 1,659 PETS FROM 32 PARTNER AGENCIES ACROSS 17 COUNTIES. OUR FY22 TRANSFER LEVEL WAS LOWER THAN PRE-PANDEMIC TIMES, AS STAFFING LEVELS AND THE EXTREME MEDICAL & BEHAVIORAL NEEDS OF LOCALLY SURRENDERED PETS, AT TIMES IMPACTED OUR ABILITY TO TRANSFER IN PETS.

TRAINING AND BEHAVIOR HELPLINE: ANIMAL HUMANE EMPLOYS POSITIVE REINFORCEMENT TRAINING TECHNIQUES DESIGNED TO STRENGTHEN AN OWNER'S RELATIONSHIP WITH THEIR PET. PET OWNERS ARE TAUGHT HOW TO SUPPORT GOOD BEHAVIOR AND DISCOURAGE UNDESIRABLE CONDUCT. THROUGH OUR DIVERSE TRAINING CLASSES (WITH PETS), EDUCATIONAL SEMINARS (OWNERS ONLY), PRIVATE CONSULTATIONS (PETS & OWNERS) ANIMAL HUMANE IS DEDICATED TO PROVIDING PEOPLE WITH INSTRUCTION THAT LEADS TO RESPONSIBLE AND JOYFUL PET OWNERSHIP. DURING FY22, OUR CENTER TRAINERS OFFERED 264 AGILITY CLASSES + 1,056 AGILITY PRIVATES AS WELL AS 79 BEHAVIOR CLASSES + 205 BEHAVIOR PRIVATES; WHILE OUR SHELTER BEHAVIOR TEAM PROVIDED PROFESSIONAL, TAILORED ADVICE TO PET OWNERS CALLING (198X) OR EMAILING (50X) OUR FREE BEHAVIOR HELPLINE (505.938.7900/BEHAVIORHELPLINE@ANIMALHUMANENM.ORG).

PET HEALTH FAIRS & SAFETY NET PROGRAMMING: NATIONWIDE, THERE IS RECOGNIZED NEED FOR THE IMPORTANCE OF PROVIDING RESOURCES TO PET OWNERS THAT KEEP PETS IN LOVING HOMES. ANIMAL HUMANE'S EFFORTS HAVE FOCUSED ON NUMEROUS TACTICS INCLUDING LOW-COST MICROCHIPS & VACCINATIONS OFFERED AT PET HEALTH FAIRS

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(PHF) HELD AT COMMUNITY CENTERS AND PARKS IN TARGETED LOW-INCOME, HIGH-DISEASE OUTBREAK AREAS. THESE EFFORTS LED TO US HOSTING TWO PHF IN FY22 SERVING 109 FAMILIES, OWNING 194 CATS + DOGS WHO RECEIVED 354 VACCINATIONS AND 93 MICROCHIPS. OUR TEAM RESTRUCTURED OUR PHF TO OFFER ONLINE APPOINTMENT SCHEDULING AND PAYMENT WITH DETAILS OF OWNED PETS BEING SUBMITTED IN ADVANCE OF THE FAIRS. THIS WISE CHANGE ALLOWED US TO CONTINUE CONNECTING WITH OWNERS IN OUR COMMUNITY TO SUSTAIN THEIR PET'S HEALTH WHILE MAXIMIZING SAFETY FOR ALL. ADDITIONALLY, OUR SAFETY NET (SN) PROGRAM PROVIDED FINANCIAL ASSISTANCE TO OWNERS NEEDING EMERGENCY VETERINARY CARE, BEHAVIORAL CONSULTATION & TRAINING CLASSES, RENTAL DEPOSITS, ETC. DURING FY22, OUR SN PROGRAM FUNDED THE UNIQUE NEEDS OF 164 PETS WORKING TO KEEP THESE CATS AND DOGS HEALTHY AND WITH THEIR OWNERS.

PET FOOD BANK: DURING FY22, ANIMAL HUMANE'S DEVOTED PET FOOD BANK VOLUNTEERS DISTRIBUTED OVER 80,000 LBS. OF PET FOOD (KIBBLE, WET & TREATS) AND CAT LITTER (AS AVAILABLE) GENEROUSLY DONATED BY COMMUNITY PARTNERS OR PURCHASED THROUGH DIRECTED DONATIONS. PET FOOD IS SHARED WITH PET OWNERS WHO CANNOT AFFORD TO FEED THEIR CATS OR DOGS AND HOMEBOUND SENIOR CITIZENS IN COLLABORATION WITH THE ALBUQUERQUE DEPARTMENT OF SENIOR AFFAIRS MEAL DELIVERY PROGRAM. OUR TWICE WEEKLY DISTRIBUTION DAYS ENSURE PETS ARE FED WHILE PROVIDING THE OPPORTUNITY FOR OUR TEAM TO DISCUSS OTHER RESOURCES THAT WILL HELP KEEP TREASURED PETS WITH THEIR OWNERS.

FOSTER CARE: ANIMAL HUMANE'S FOSTER CARE PROGRAM HAS BEEN A TREMENDOUS SAFETY NET FOR OUR SHELTER AND THE PETS WE SERVE. DURING FY22, 625 UNDUPLICATED PETS WERE FOSTERED BY DEVOTED CAREGIVERS WITH THESE SAME PETS BEING HARBORED IN HOMES ON 961 INSTANCES. FOSTER CAREGIVERS CONTINUE TO BE

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A VALUABLE LIFELINE AS THEY CARE FOR OUR PETS UNDERGOING HEARTWORM TREATMENT, RECOVERING FROM ORTHOPEDIC SURGERIES, OR LEARNING HOW TO TRUST HUMANS IF THEY HAVE NEVER KNOWN UNCONDITIONAL LOVE IN THEIR LIVES. THROUGH THE EXQUISITE GIFTS OF TIME, PATIENCE AND NURTURING, OUR FOSTER CAREGIVERS PROVIDE A HAVEN FOR OUR HOMELESS PETS TO GROW AND RECOVERY BEFORE STARTING NEW LIVES WITH THEIR ADOPTERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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. 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 2022 DATA TO DETERMINE THE EXECUTIVE DIRECTOR BONUS. BOARD MEMBERS ARE VOLUNTEERS AND

Name of the organization

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ANIMAL HUMANE ASSOCIATION OF

85-0207652

RECEIVED NO COMPENSATION FOR THE 2022 FISCAL YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

PRIOR PER ADJ. ABANDONED ASSETS \$ -85,801

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

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

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2021 or other tax year beginning **07/01/21**, and ending **06/30/22**▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021Open to Public Inspection
for 501(c)(3)
Organizations Only**A** ☐ Check box if
address changed.**B** Exempt under section☒ 501(c) (**3**)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a) ☐ 529A**Print
or
Type**Name of organization (☐ Check box if name changed and see instructions.)**ANIMAL HUMANE ASSOCIATION OF
NEW MEXICO INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

615 VIRGINIA STREET SE

City or town, state or province, country, and ZIP or foreign postal code

ALBUQUERQUE NM 87108**C** Book value of all assets at end of year ▶ **16,434,234****D** Employer identification number**85-0207652****E** Group exemption number
(see instructions)**F** ☐ Check box if
an amended return.**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐**J** Enter the number of attached Schedules A (Form 990-T) ▶ **2****K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation**L** The books are in care of ▶ **PATRICK WILKINS**Telephone number ▶ **505-593-8787****Part I Total Unrelated Business Taxable income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III

Tax and Payments

1a

Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

1a

b

Other credits (see instructions)

1b

c

General business credit. Attach Form 3800 (see instructions)

1c

d

Credit for prior year minimum tax (attach Form 8801 or 8827)

1d

e

Total credits. Add lines 1a through 1d

1e

2

Subtract line 1e from Part II, line 7

2

3

Other amounts due. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)

3

4

Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here

4

0

5

Current net 965 tax liability paid from Form 965-A, Part II, column (k)

5

6a

Payments: A 2020 overpayment credited to 2021

6a

b

2021 estimated tax payments. Check if section 643(g) election applies ☐

6b

c

Tax deposited with Form 8868

6c

d

Foreign organizations: Tax paid or withheld at source (see instructions)

6d

e

Backup withholding (see instructions)

6e

f

Credit for small employer health insurance premiums (attach Form 8941)

6f

g

Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other

6g

7

Total payments. Add lines 6a through 6g

7

8

Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

8

9

Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed

9

0

10

Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid

10

11

Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded

11

Part IV

Statements Regarding Certain Activities and Other Information (see instructions)

1

At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here

Yes

No

2

During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.

Yes

No

3

Enter the amount of tax-exempt interest received or accrued during the tax year

\$

4

Enter available pre-2018 NOL carryovers here \$ -141,270. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.

Yes

No

5

Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.

Yes

No

Business Activity Code

Available post-2017 NOL carryover

900099

\$ 573,969

900099

\$ 237,646

6a

Did the organization change its method of accounting? (see instructions)

Yes

No

b

If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Yes

No

Part V

Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

EXECUTIVE DIRECTOR

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

X

Yes

No

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN self-employed

ROBERT A. DEPASQUALE

ROBERT A. DEPASQUALE

10/31/22

Firm's name

Firm's EIN

Firm's address

Phone no.

PULAKOS CPAS, PC

5921 JEFFERSON ST NE

ALBUQUERQUE, NM 87109

85-0219147

505-338-1500

DAA

Form 990-T (2021)

SCHEDULE A
(Form 990-T)**Unrelated Business Taxable Income**
From an Unrelated Trade or Business

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only**A** Name of the organization**ANIMAL HUMANE ASSOCIATION OF****B** Employer identification number**85-0207652****C** Unrelated business activity code (see instructions) ▶ **900099****D** Sequence: **1** of **2****E** Describe the unrelated trade or business ▶ **AGILITY TRAINING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	139,511			
b Less returns and allowances		1c 139,511		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3 139,511		139,511
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 139,511		139,511

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	107,319
3 Repairs and maintenance	3	18,527
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	10,776
7 Depreciation (attach Form 4562). See instructions	7	51,914
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 51,914
9 Depletion	9	
10 Contributions to deferred compensation plans	10	577
11 Employee benefit programs	11	1,465
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 1	14	327,293
15 Total deductions. Add lines 1 through 14	15	517,871
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-378,360
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-378,360

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	►			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	►			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	►			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	►			
11 Total dividends-received deductions included in line 10	►			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only**A** Name of the organization**ANIMAL HUMANE ASSOCIATION OF****B** Employer identification number**85-0207652****C** Unrelated business activity code (see instructions) ▶ **900099****D** Sequence: **2** of **2****E** Describe the unrelated trade or business ▶ **DAY CARE & BOARDING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	492,064			
b Less returns and allowances		1c 492,064		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3 492,064		492,064
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 492,064		492,064

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	385,473
3 Repairs and maintenance	3	21,352
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	35,751
7 Depreciation (attach Form 4562). See instructions	7	45,463
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 45,463
9 Depletion	9	
10 Contributions to deferred compensation plans	10	37
11 Employee benefit programs	11	17,965
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 2	14	269,376
15 Total deductions. Add lines 1 through 14	15	775,417
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-283,353
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-283,353

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	►			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	►			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	►			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	►			
11 Total dividends-received deductions included in line 10	►			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals ▶**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals ▶**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	☐
B	☐
C	☐
D	☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A)**3** Direct advertising costs by periodical

--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B)**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than

line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a

deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form 990-T - General FootnoteDescription

UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY NET OPERATING LOSS INCURRED DURING THE CURRENT YEAR.

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
AGILITY TRAINING	900099	\$ 573,969
DAY CARE & BOARDING	900099	237,646
TOTAL		\$ <u>811,615</u>

Federal Statements

Agility Training

Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Deduction Description</u>	<u>Deduction Amount</u>
CONTRACT LABOR	\$ 96,736
COMPUTER SUPPORT SERVICES	1,641
PROFESSIONAL FEES	1,006
COSTS OF GOODS	253
OUTSIDE SERVICES	8,245
PROPERTY & LIABILITY INSURANCE	22,792
OFFICE SUPPLIES	69
PRINTING	71
OPERATING SUPPLIES	4,377
SOFTWARE LICENSES	311
MARKETING EXPENSE ALLOCATION	115,535
ADVERTISING	393
FACILITIES EXPENSE ALLOCATION	54,638
TRAVEL	1,020
TELEPHONE	2,207
ELECTRICITY	2,790
GAS	724
WATER	5,395
TRASH & BIOHAZARD REMOVAL	863
BANK AND CREDIT CARD FEES	7,548
CASH OVER/SHORT	4
OTHER EXPENSES	675
TOTAL	\$ <u>327,293</u>

Federal Statements

Day care & Boarding

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Deduction Description</u>	<u>Deduction Amount</u>
BACKGROUND CHECKS	\$ 486
COMPUTER SUPPORT SERVICES	4,140
PROFESSIONAL FEES	4,050
OUTSIDE SERVICES	4,121
COSTS OF GOODS	1,690
PROPERTY & LIABILITY INSURANCE	10,826
OFFICE SUPPLIES	1,072
PRINTING	69
OPERATING SUPPLIES	19,103
SOFTWARE LICENSES	720
MARKETING EXPENSE ALLOCATION	115,535
ADVERTISING	8,741
FACILITIES EXPENSE ALLOCATION	54,638
EQUIPMENT LEASE EXPENSE	3,068
MEALS	1,011
TELEPHONE	2,765
ELECTRICITY	8,604
GAS	3,294
WATER	4,213
TRASH AND BIOHAZARD REMOVAL	380
BANK & CREDIT CARD CHARGES	18,476
OTHER EXPENSES	2,374
TOTAL	\$ <u>269,376</u>

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

85-0207652

Business or activity to which this form relates

AGILITY TRAINING**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,824

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,824
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

85-0207652

Business or activity to which this form relates

DAY CARE & BOARDING**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,553

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	43,553
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2 Form **4562** (2021)

Year Ended: June 30, 2022

85-0207652

Animal Humane Association of
New Mexico Inc.
615 Virginia Street SE
Albuquerque, NM 87108

**Electing out of Bonus Depreciation Allowance
for 7-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 7-year depreciable property placed in service during the tax year.

Year Ended: June 30, 2022

85-0207652

Animal Humane Association of
New Mexico Inc.
615 Virginia Street SE
Albuquerque, NM 87108

**Electing out of Bonus Depreciation Allowance
for 10-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 10-year depreciable property placed in service during the tax year.

Net Operating Loss Carryover Worksheet

Form **990-T****2021**For calendar year 2019, or tax year beginning **07/01/21**, ending **06/30/22**

Name

ANIMAL HUMANE ASSOCIATION OF
NEW MEXICO INC.Employer Identification Number
85-0207652

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 06/30/03					
18th 06/30/04					
17th 06/30/05					
16th 06/30/06					
15th 06/30/07					
14th 06/30/08					
13th 06/30/09					
12th 06/30/10					
11th 06/30/11					
10th 06/30/12					
9th 06/30/13					
8th 06/30/14					
7th 06/30/15					
6th 06/30/16					
5th 06/30/17					
4th 06/30/18	-141,270		141,270		141,270
3rd 06/30/19	-238,656		238,656		238,656
2nd 06/30/20	-195,109		195,109		195,109
1st 06/30/21	-378,860		378,860		378,860
NOL carryover available to current year			953,895		
Current year	-378,360				
NOL carryover available to next year					1,332,255

Day Care & Boarding

Net Operating Loss Carryover Worksheet

Form **990-T****2021**For calendar year 2019, or tax year beginning **07/01/21**, ending **06/30/22**

Name

ANIMAL HUMANE ASSOCIATION OF
NEW MEXICO INC.Employer Identification Number
85-0207652

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 06/30/03					
18th 06/30/04					
17th 06/30/05					
16th 06/30/06					
15th 06/30/07					
14th 06/30/08					
13th 06/30/09					
12th 06/30/10					
11th 06/30/11					
10th 06/30/12					
9th 06/30/13					
8th 06/30/14					
7th 06/30/15					
6th 06/30/16					
5th 06/30/17					
4th 06/30/18					
3rd 06/30/19	-123,195		123,195		123,195
2nd 06/30/20	-28,184		28,184		28,184
1st 06/30/21	-209,462		209,462		209,462
NOL carryover available to current year			360,841		
Current year	-283,353				
NOL carryover available to next year					644,194

Form **990/
990-PF****Electronic Filing - PDF Attachment Report****2021**For calendar year 2021, or tax year beginning **07/01/21**, and ending **06/30/22**

Name

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

Taxpayer Identification Number

85-0207652

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN NOL ATTACHMENT PRE AND POST 2018 TOTALS	G:\CLIENTS\0\0461000.001 ANIMAL HUMANE ASSOCIATION\2021\ 990-T NOL SCHEDULES.PDF	NO