** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending				
	Check if pplicable	SANTA FE ANIMAL SHELTE.	R AND HUMANE		D Employer identifi	cation number		
	Addre	SOCIETY, INC.						
	Name chang	Doing business as			85-60004	84		
F	Initial return Final return	Number and street (or P.O. box if mail is not de 100 CAJA DEL RIO ROAD	livered to street address)	Room/suite	E Telephone number 505-983-			
	termin ated		7IP or foreign postal code		G Gross receipts \$ 10,523,548.			
	Ameno				H(a) Is this a group re			
	Applic		N HAGERMAN		for subordinates			
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	·····= =		
<u></u>	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1	list. See instructions		
	Nebsit		(H(c) Group exemption			
			ssociation Other	L Year		M State of legal domicile; NM		
		Summary		1				
	1	Briefly describe the organization's mission or most	significant activities: THE	MISSIO	N OF THE OR	GANIZATION		
Governance		IS TO SUPPORT ANIMALS, SA						
nar	2		ntinued its operations or dispos			sets.		
Že	3	Number of voting members of the governing body			3	9		
	4	Number of independent voting members of the go				9		
ფ		Total number of individuals employed in calendar y				160		
ij		Total number of volunteers (estimate if necessary)				492		
Activities &		Total unrelated business revenue from Part VIII, co				0.		
Ă		Net unrelated business taxable income from Form				0.		
			, , ,		Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)			3,492,024.	3,957,181.		
Revenue	l				2,653,962.	2,603,851.		
Š	1	Investment income (Part VIII, column (A), lines 3, 4			566,709.	1,855,463.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			1,169,485.	1,055,154.		
	1	Total revenue - add lines 8 through 11 (must equal			7,882,180.	9,471,649.		
		Grants and similar amounts paid (Part IX, column (0.	0.		
	1	Benefits paid to or for members (Part IX, column (A			0.	0.		
"	45	Salaries, other compensation, employee benefits (4,584,719.	5,179,203.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	0.		
þer	Ь	Total fundraising expenses (Part IX, column (D), lin	616 0	62.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d			2,816,060.	2,926,867.		
		Total expenses. Add lines 13-17 (must equal Part I			7,400,779.	8,106,070.		
	I .	Revenue less expenses. Subtract line 18 from line			481,401.	1,365,579.		
Or Ces		<u> </u>		Ве	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)			16,857,647.	16,108,906.		
ASS	21	Total liabilities (Part X, line 26)			405,006.	787,692.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from			16,452,641.	15,321,214.		
	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the best of my	y knowledge and belief, it is		
true	, correc	t, <mark>and Pofilpliere De</mark> claration of preparer (other than office	er) is based on all information of wh	nich preparer		/2022		
		Lack Hagerman				/2023		
Sig	n	Signature of officer D1B6364E55AB492			Date			
Her	е	JOHN HAGERMAN, CEO						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN		
Paid	I	STEPHEN LIVINGSTON	STEPHEN LIVINGS	ron 0	7/31/23 self-emplo			
Prep	arer	Firm's name CLIFTONLARSONALLE			Firm's EIN 4	1-0746749		
Use	Only	Firm's address 6501 AMERICAS PAR		00				
		ALBUQUERQUE, NM 8	7110		Phone no. 50	5-842-8290		
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No		

		Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
_	•	
1	Briefly describe the organization's mission:	
	THE MISSION OF THE SANTA FE ANIMAL SHELTER & HUMANE SOCIETY, INC. IS	
	TO SUPPORT ANIMALS, SAVE LIVES, AND SPREAD COMPASSION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
_	·	V N
3		X 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 \$4 , 697 , 431 • including grants of \$) (Revenue \$ 870 , 4	78.)
	SANTA FE ANIMAL SHELTER, SEE SCHEDULE O.	
	DIMINI TH IMPIRE DEBUTE, DEL DEMEDOLL O.	
4b	(Code:) (Expenses \$ 1,842,367. including grants of \$) (Revenue \$ 1,733,3	73.)
	THE CLARE EDDY THAW ANIMAL HOSPITAL, WHICH OPENED IN THE FALL OF 2013	
	·	
	OFFERS VETERINARY SERVICES TO THE GENERAL PUBLIC, INCLUDING A SLIDING	
	SCALE FOR INCOME-QUALIFIED RESIDENTS. WE MAINTAIN A ST. FRANCIS	
	VETERINARY EMERGENCY FUND TO HELP FAMILIES AFFORD NECESSARY VETERINAR	Y
	CARE, EVEN DURING A TIME OF CRISIS. OUR SPAY/NEUTER & WELLNESS CLINI	
	·	
	OFFERS LOW-COST, HIGH QUALITY SPAY/NEUTER AND VACCINATION PROGRAMS AN	<u>ת</u>
	PROVIDED 3,308 SPAY/NEUTER SURGERIES TO AREA ANIMALS IN 2022 IN AN	
	EFFORT TO REDUCE ANIMAL OVERPOPULATION.	
	BITOKI TO KEDOCE INTIME OVERTOTORITOR.	
	100 510	
4c	(Code:) (Expenses \$)
	IN 2022, SANTA FE ANIMAL SHELTER LAUNCHED THE CASA PROGRAM - COMMUNIT	Y
	ASSISTANCE FOR SANTA FE ANIMALS - WHICH IS A SAFETY NET PROGRAM AIMED	
	AT HELPING PETS AND THEIR PEOPLE STAY TOGETHER DURING CHALLENGING	
	TIMES. CASA CAN ASSIST PET OWNERS WITH FREE SPAY/NEUTER SURGERY, PET	
	FOOD, UNEXPECTED VETERINARY BILLS, HELP WITH FEES INCURRED BY CITY OR	
	COUNTY ORDINANCES, VACCINATIONS, ID TAGS, MICROCHIPPING, PET LICENSIN	G,
	PET HOUSING AND PROTECTION FOR PETS SUCH AS STRAW.	
	2022 GAGA GMAMTGMTGG. 016 DEMG HELDED 610 725 THE HEMEDINARY (MEDICAL	
	2022 CASA STATISTICS: 816 PETS HELPED, \$19,735 IN VETERINARY/MEDICAL	
	ASSISTANCE, \$8,935 IN SPAY/NEUTER/VACCINE ASSISTANCE. IN ADDITION,	
	16,990 LBS FOOD WAS PROVIDED AND 183 BAGS OF CAT LITTER.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
46	C CAO FA1	
46		<u> </u>
	Form 99	U (2022)

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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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		Х
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	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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	9		х
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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	18	Х	
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	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) SOCIETY, INC. 85-6000484

Par	irt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	ent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J		X	
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a			X
	71 7 7 1 71 1)	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	I		
	any tax-exempt bonds?			_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	054		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	9 25 b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part			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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	1	Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b)	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_ v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
2E -	Part V, line 1	ا م		X
	 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 			<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			
55	If "Yes," complete Schedule R, Part V, line 2			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? If "Yes," complete Schedule R, Part VI	37		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	38	X	L
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	34		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С				
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2022) SOCIETY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 85-6000484 Page 5

Statements Regarding Other Ind Fillings and Tax Compliance (continued)								
	1	1 1		Yes	No			
	١.	1.60						
• • • • • • • • • • • • • • • • • • • •				v				
					X			
			30					
		· .	40		х			
	accoun	ly:	-1 a					
· · · · · · · · · · · · · · · · · · ·	ccorn	rs (FRAR)						
			5a		Х			
					X			
and the first that the second that the second that the second sec								
,								
man and have the distribution			6b					
Organizations that may receive deductible contributions under section 170(c).								
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a	X				
If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X				
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired						
to file Form 8282?			7c		<u>X</u>			
If "Yes," indicate the number of Forms 8282 filed during the year	7d				X			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
			0-					
			90					
	102							
·								
	100							
	11a							
·	11b	<u> </u>						
	1041	?	12a					
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
Section 501(c)(29) qualified nonprofit health insurance issuers.								
Is the organization licensed to issue qualified health plans in more than one state?			13a					
Note: See the instructions for additional information the organization must report on Schedule O								
Title: God the monactions for additional mornation the organization must report on concedure G.								
Enter the amount of reserves the organization is required to maintain by the states in which the		.						
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							
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 Enter the amount of reserves on hand	13c				77			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		X			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	13c		14a 14b		Х			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13c	or	14b					
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	13c	or			X			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13c	or	14b 15		X			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13c	or	14b					
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yes," complete Form 4720, Schedule O.	ile O ration	or 	14b 15		X			
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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13c	or ne?	14b 15		X			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other infinancial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial account in a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and self "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization receive a payment in excess of signate partly as a contribution and partly for goods and self "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization file Form 15 file organization received a contribution of	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authori financial account in a foreign country (such as a bank account, securities account, or other financial account if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizaty contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services p if "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization receive anytunds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization file express 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If the organization received a contribution of cars, boats, airplanes, or other vehic	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 160 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has if filed a Form 990-17 for this year? If "No" to line \$3, provide an explanation on Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribut	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lighted for the calendar year ending with or within the year covered by this return 2 1 160 lif at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 3a If "Yes," a has if tide a Form 1990. To fire his year? If "No" to line 36, provide an explanation on Schedule O 3b 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 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account()? 4b If "Yes," enter the name of the foreign country (Such as a bank account, securities account, or other financial account()? 4c If "Yes," enter the name of the foreign country (Such as a bank account, securities account, or other financial account()? 4c If "Yes," or inter the name of the foreign country (Such as a bank account, securities account, or other financial account()? 4d If "Yes," or inter the name of the foreign country (Such as a party to a prohibited tax shelter transaction? 5c If "Yes," or line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 0 If "Yes," did the organization receive apayment in excess of \$75 made party) as contribution and party for goods and services provided to the payor? 7c If "Yes," cited the organization self, exchange,	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, and the field for the calendar year ending with or within the year covered by this return. 160 16 at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a			

INC.

SOCIETY 85-6000484 Page 6 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section R Policies

	TION B. I Oncies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process 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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed NM, AL, AR, CA, FL, GA, HI, IL, KS, KY, ME, MD
- 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
 - X Own website | X | Upon request Another's website Other (explain on Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records LINDA MOORE, CPA -505-983-4309

CAJA DEL RIO ROAD, SANTA FE, NM 100

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2022) SOCIETY, INC. 85-6000484 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(-1-		(C Pos	C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	son i	than o s both r/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JOHN HAGERMAN	40.00			3,7				100 764	0	11 510
(2) KRISTEN JENSEN	40.00			Х				180,764.	0.	11,512.
(2) KRISTEN JENSEN MEDICAL DIRECTOR	40.00	1				x		120 060	0.	12 674
(3) LINDA MOORE	40.00					^		120,068.	0.	12,674.
DIRECTOR OF FINANCE	40.00			х				108,922.	0.	12,251.
(4) MICHELLE L SALOB	40.00							•		,
VETERINARIAN						X		104,922.	0.	12,090.
(5) MIKE MELODY	4.00									-
TREASURER		Х		Х				0.	0.	0.
(6) HOLLY KOEHLER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) SARAH SPEARMAN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) KURT HAUSAFUS	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(9) CAREN SHIOZAKI	4.00	1								
DIRECTOR (THRU 10/22)		Х						0.	0.	0.
(10) MARY MITCHELL	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BILL FEINBERG	2.00	ļ							•	•
DIRECTOR	2 00	Х						0.	0.	0.
(12) BRUCE JOHNSON	2.00	. ,							0	0
DIRECTOR (13) SHEILA VAUGHN	2.00	Х						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(14) GRETCHEN WALTHER	2.00	Δ						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
Birderok								0.	0.	<u></u>
		1								
										Farm 990 (2022)

	990 (2022) SOCIETY ,									85-60	000	484	Р	age 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition more son is	l than c s both	ne an	(D) Reportable compensation	(continued) (E) Reportable compensation	n		(F) stimate	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Diagram		Highest compensated	Former (aa	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	com fr org and	other pensation the anizated related anizated	ation e tion ted
1b	Subtotal								514,676.		0.	4	8,5	27.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 514,676.		0.	. 0.		0.
2	Total number of individuals (including but no compensation from the organization									000 of reportable			, -	4
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•	-	•	•	•		•	•	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth J f	ner compensation from the compensation from	ne organization		4	Х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comption B. Independent Contractors											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										ensat	tion fro	om	
	(A) Name and business			ONE					(B) Description of s		С	(Compe		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to 1	thos		ted	above) who received mo	ore than			000	(0000)

Form 990 (2022) SOCIETY, INC. 85-6000484 Page 9
Part VIII Statement of Revenue

Pa	I L V	/111	_	or note to only line	a in this Dort VIII			
			Check if Schedule O contains a response of	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1e	167,265. 3,789,916.				3001010 012 014
ontri		_	Noncash contributions included in lines 1a-1f	589,331.	2 055 101			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f	Business Code	3,957,181.			
_	•	_	FEES	900099	2,170,267.	2,170,267.		
vice	2 a FEES 900099 b GOVT. AGENCY CONTRACTS 900099				433,584.	433,584.		
Ser		c			,	,		
am		d						
Program Service Revenue		е						
<u> </u>			All other program service revenue					
			Total. Add lines 2a-2f		2,603,851.			
	3		Investment income (including dividends, intere other similar amounts)		276,716.			276,716.
	5	Income from investment of tax-exempt bond proceedsRoyalties		ſ	23.			23.
	Ŭ		(i) Real	(ii) Personal				-
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,541,914.					
•		b	Less: cost or other basis					
Revenue		_	and sales expenses 7b 963,167. Gain or (loss) 7c 1,578,747.					
eve			Gain or (loss) 7c 1,578,747. Net gain or (loss)		1,578,747.			1578747.
Other F	8		Gross income from fundraising events (not including \$ 167,265. of					
			contributions reported on line 1c). See Part IV, line 18	14,625.				
		b	Less: direct expenses 8b	79,138.				
			Net income or (loss) from fundraising events		-64,513.			-64,513.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10	а	and allowances 10a	1,125,929.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory		1,116,335.			1116335.
v				Business Code				
Miscellaneous Revenue		а	OTHER INCOME	900099	3,309.			3,309.
lane		b						
scellane Revenu		С						
Mis			All other revenue		3,309.			
	40		Total Add lines 11a-11d		9,471,649.	2,603,851.	0.	2910617.
00000	12		Total revenue. See instructions		٥, ٩/١, ٥٩٦.	2,003,031.	<u>.</u>	Eorm 990 (2022)

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SOCIETY, INC. 85-6000484 Page **10** Form 990 (2022) 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 (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9,613. 9,613. 313,448. 294,222. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,048,744. 3,501,554. 216,209. 330,981. Other salaries and wages 7 Pension plan accruals and contributions (include 66,016. 45,476. 9,922. 10,618. section 401(k) and 403(b) employer contributions) 435,747. 398,617.15,067.22,063. Other employee benefits 9 315,248. 257,240. 33,614. 24,394. 10 Payroll taxes 11 Fees for services (nonemployees): Management 4,594. 4,594. Legal 30,796. 30,796. Accounting Lobbying Professional fundraising services. See Part IV, line 17 33,235. 33,235. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 227,107. 134,859. 55,436. 36,812. column (A), amount, list line 11g expenses on Sch O.) 4,883. 4,883. Advertising and promotion 12 46,291. 31,133. 7,556. 7,602. Office expenses 13 98,409. 34,569. 57,477. 6,363. Information technology 14 15 Royalties 289,030. 262,844. 12,353. 13,833. 16 Occupancy 10,942. 10,923. 19. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 23,908. 13,144. 10,309. 455. Conferences, conventions, and meetings 19 15,499. 742. 14,095. 662. 20 Payments to affiliates 21 47,173. 952,598. 840,137. 65,288. Depreciation, depletion, and amortization 22 82,036. 68,473. 10,272. 3,291. 23 Other expenses. Itemize expenses not covered 24 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.) 782,720. 782,720. VETERINARIAN SUPPLIES FUNDRAISING EXPENSE 132,731. 132,731. 74,957. 74,957. ADOPTION EXPENSE 1,827. 69,947. 59,136. 8,984. d BANK SERVICE AND CREDIT 47,184.SEE SCH O 103.051. 1,060. -56,927. e All other expenses 8,106,070. 6,642,541. 846,667. 616,862. Total functional expenses. Add lines 1 through 24e 25 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 (2022)

Part X | Balance Sheet

SOCIETY, INC.

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Pai	rt 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
	1	Cash - non-interest-bearing	932,334.	1	1,298,363.
	2	Savings and temporary cash investments	79.	2	79.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	233,491.
	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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	134,215.	8	137,294. 62,305.
¥	9	Prepaid expenses and deferred charges	1 20 000	9	62,305.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 18,755,73 10b 12,211,51	6.		
	b	Less: accumulated depreciation 10b 12,211,51	7,397,106. 7,116,508.	10c	6,544,221.
	11	Investments - publicly traded securities	7,116,508.	11	6,898,988.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	911,990.	15	934,165.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	16,108,906.
	17	Accounts payable and accrued expenses		17	545,516.
	18	Grants payable		18	04 556
	19	Deferred revenue		19	24,776.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.	OE.	217,400.
	26	of Schedule D Total liabilities. Add lines 17 through 25	405,006.	25 26	787,692.
	20	Organizations that follow FASB ASC 958, check here	405,0001	20	101,052.
Se		and complete lines 27, 28, 32, and 33.			
ű	27	Net assets without donor restrictions	14,286,406.	27	13,587,045.
3ala	28	Net assets with donor restrictions	2 166 225	28	1,734,169.
Ď		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	46 450 644	32	15,321,214.
Z	33	Total liabilities and net assets/fund balances	16 055 645	33	16,108,906.
		. Star massifico di la frot doctor la la salari 1000	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 50	Form 990 (2022)

SOCIETY, INC. 85-6000484 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 9,471,649. Total revenue (must equal Part VIII, column (A), line 12) 1 8,106,070. Total expenses (must equal Part IX, column (A), line 25) 2 2 1,365,579. Revenue less expenses. Subtract line 2 from line 1 3 16,452,641. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -2,497,634. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 628. 8 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 15,321,214. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За 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

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

SANTA FE ANIMAL SHELTER AND HUMANE **Employer identification number** Name of the organization SOCIETY INC. 85-6000484 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

SOCIETY, INC.

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Part II	Suppor	rt Schedule for Org	ganizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				•	'	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		/Form 000) 2002

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

SOCIETY, INC.

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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.)

	qualify under the tests listed b	elow, please comp	lete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1020760	0755000	2100107	2400004	2057101	1 5 0 0 6 1 5 1
	include any "unusual grants.")	1832769.	2755980.	3188197.	3492024.	3957181.	15226151.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2543507.	2651937.	2661966.	2653962.	2603851	13115223.
2	Gross receipts from activities that	2343307•	2031937•	2001900.	2033902•	2003031.	13113223.
3	are not an unrelated trade or bus-						
	iness under section 513	1216392.	1120068.	697.357.	1130359.	1125929.	5290105.
4	Tax revenues levied for the organ-			03.700.0			3230200
•	ization'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	5592668.	6527985.	6547520.	7276345.	7686961.	33631479.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	49,645.	61,817.	57,608.	78,924.	156,230.	404,224.
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		000 000	0.61 650	066 005	004 104	1266556
	amount on line 13 for the year	290,029.			266,995.		
	Add lines 7a and 7b	339,674.	335,587.	319,266.	345,919.		1770800.
Sec	Public support. (Subtract line 7c from line 6.)						31860679.
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Cale							
	ndar year (or fiscal year beginning in) Amounts from line 6	5592668.	6527985.		7276345.	7686961.	33631479.
9	Amounts from line 6 Gross income from interest,		6527985.	6547520.	7276345.	7686961.	33631479.
9	Amounts from line 6 Gross income from interest, dividends, payments received on		6527985.		7276345.	7686961.	33631479.
9	Amounts from line 6 Gross income from interest,		6527985.	6547520.	7276345.	7686961.	33631479.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	5592668.	6527985.	6547520.	7276345.	7686961.	33631479.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5592668.	6527985.	6547520.	7276345.	7686961.	33631479.
9 10 <i>a</i> k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5592668. 211,763.	230,461.	229,834.	7276345. 253,433.	7686961. 276,739.	1202230.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	5592668.	230,461.	229,834.	7276345.	7686961. 276,739.	1202230.
9 10 <i>a</i> k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	5592668. 211,763.	230,461.	229,834.	7276345. 253,433.	7686961. 276,739.	1202230.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	211,763. 211,763.	230,461.	229,834.	7276345. 253,433. 253,433.	7686961. 276,739.	1202230.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	5592668. 211,763.	230,461.	229,834.	7276345. 253,433.	7686961. 276,739.	1202230.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	211,763. 211,763.	230,461.	229,834.	253,433. 253,433. 2,353.	7686961. 276,739. 276,739.	1202230. 1202230. 1202230.
9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	211,763. 211,763. 97,636.	230,461. 230,461. 23,663.	229,834. 229,834. 229,834.	253,433. 253,433. 2,353. 32,373.	7686961. 276,739. 276,739.	1202230. 1202230. 123,652. 35,969.
9 10a k 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	5592668. 211,763. 211,763. 97,636. 5902067.	230,461. 230,461. 23,663.	229,834. 229,834. 229,834. 6777641.	253,433. 253,433. 2,353. 32,373. 7564504.	7686961. 276,739. 276,739. 3,309. 7967009.	1202230. 1202230. 123,652. 35,969. 34993330.
9 10a k 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	5592668. 211,763. 211,763. 97,636. 5902067. be organization's fire	230,461. 230,461. 23,663. 6782109. est, second, third, f	229,834. 229,834. 229,834. 287. 6777641. courth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. O1(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on,
9 10a k (11 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	5592668. 211,763. 211,763. 97,636. 5902067. ne organization's fire	230,461. 230,461. 23,663. 6782109. st, second, third, f	229,834. 229,834. 229,834. 287. 6777641. courth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. O1(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on,
9 10a k 11 11 12 13 14 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	5592668. 211,763. 211,763. 97,636. 5902067. ne organization's fire c Support Per	230,461. 230,461. 23,663. 6782109. st, second, third, formula the centage	229,834. 229,834. 287. 6777641. ourth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. O1(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on,
9 10a k 11 11 12 13 14 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here etion C. Computation of Public	211,763. 211,763. 211,763. 97,636. 5902067. ne organization's fir c Support Per ine 8, column (f), d	230,461. 230,461. 23,663. 6782109. st, second, third, forcentage (vided by line 13, contage)	229,834. 229,834. 229,834. 287. 6777641. courth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. year as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. O1(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 %
9 10a k 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	211,763. 211,763. 211,763. 97,636. 5902067. ne organization's fir c Support Per ine 8, column (f), d Schedule A, Part	230,461. 230,461. 23,663. 6782109. st, second, third, for the centage invided by line 13, coll, line 15	229,834. 229,834. 287. 6777641. ourth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. year as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. 01(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 %
9 10a 11 12 13 14 See 15 16 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage from 2021	5592668. 211,763. 211,763. 97,636. 5902067. ne organization's fine c Support Perine 8, column (f), dischedule A, Particument Income	230,461. 230,461. 230,461. 23,663. 6782109. st, second, third, for the centage ivided by line 13, collidation in the centage in the centa	229,834. 229,834. 229,834. 287. 6777641. ourth, or fifth tax y	7276345. 253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. 01(c)(3) organization	1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 %
9 10a 11 12 13 14 See 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021	5592668. 211,763. 211,763. 97,636. 5902067. The organization's firmulation of the second of the	230,461. 230,461. 230,461. 23,663. 6782109. st, second, third, formula to the contage in (f), divided by line 17	229,834. 229,834. 287. 6777641. courth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. 01(c)(3) organization	1202230. 1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 % 90.48 % 3.44 % 3.49 %
9 10a 11 12 13 14 See 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here exition C. Computation of Public Public support percentage for 2022 (Incomputation of Investing Investment income percentage for 2021)	5592668. 211,763. 211,763. 97,636. 5902067. The organization's firmulation of the second of the	230,461. 230,461. 230,461. 23,663. 6782109. st, second, third, formula to the contage in (f), divided by line 17	229,834. 229,834. 287. 6777641. courth, or fifth tax y	253,433. 253,433. 2,353. 32,373. 7564504. rear as a section 5	7686961. 276,739. 276,739. 3,309. 7967009. 01(c)(3) organization	1202230. 1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 % 90.48 % 3.44 % 3.49 % 7 is not
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9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here exion C. Computation of Public support percentage from 2021 (Public support percentage from 2021 (Investment income percentage from 233 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar 233 1/3% support tests - 2021. If the	211,763. 211,763. 211,763. 97,636. 5902067. The organization's firmer s, column (f), do Schedule A, Part of the street income of the street street income of the stop here. The organization did not stop here. The organization did not stop here. The organization did not stop here.	230,461. 230,461. 230,461. 23,663. 6782109. est, second, third, for the second strict of	229 , 834. 229 , 834. 287. 6777641. ourth, or fifth tax y column (f)) on line 14, and line lies as a publicly so line 14 or line 19a	7276345. 253,433. 2,353. 32,373. 7564504. rear as a section 56. 15 is more than 33. apported organizate, and line 16 is mo	7686961. 276,739. 276,739. 3,309. 7967009. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 tion fre than 33 1/3%, a	33631479. 1202230. 1202230. 123,652. 35,969. 34993330. on, 91.05 % 90.48 % 3.44 % 3.49 % 7 is not X
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SOCIETY, INC.

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
- 50		
6		
0		
7		
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8		
9a		
Qh		
9b		
9с		
40-		
10a		
10b		
ıle A (Forn	n 990)	2022

DocuSign Envelope ID: 05E09DF0-02AB-4052-86BE-67EB10E178EE SANTA FE ANIMAL SHELTER AND HUMANE 85-6000484 Page 5 SOCIETY, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes No 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? 1 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 supported organizations played in this regard. Se

ec	tion 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)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

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Schedule A (Form 990) 2022 SOCIETY, INC. 85-6000484 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion 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		
Sect	ion 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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functiona	lly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 SOCIETY, INC. 85-6000484 Page 7

	dule A (Form 990) 2022 SOCIETY, INC.	(-)(0) O O			5-6000484 Page 7
	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4_	Amounts paid to acquire exempt-use assets	- · · · · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	/:)	(::\	10	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
<u>c</u>	Excess from 2020				
d	Excess from 2021				
_	Excess from 2022				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 SOCIETY, INC. 85-6000484 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part III, line 17a or 17b: Part III, line 12:

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISC INCOME

2020 AMOUNT: \$ 287.

2021 AMOUNT: \$ 32,373.

2022 AMOUNT: \$ 3,309.

SCHEDULE A, PART III, SECTION A, LINE 3:

THE ORGANIZATION OPERATES TWO THRIFT STORES THAT SELL MERCHANDISE,

SUBSTANTIALLY ALL OF WHICH THE ORGANIZATION RECEIVES AS DONATIONS. AS

SUCH, IT IS EXCLUDED FROM THE DEFINITION OF AN UNRELATED TRADE OR

BUSINESS PURSUANT TO SEC. 513(A)(3) OF THE INTERNAL REVENUE CODE. THE

IRS SCHEDULE A INSTRUCTIONS REQUIRE THAT THE GROSS RECEIPTS FROM THIS

ACTIVITY BE REPORTED ON LINE 3 IN SECTION A, PART III OF SCHEDULE A.

IN PRIOR YEARS, THIS WAS INCORRECTLY INCLUDED IN THE LINE 2 RECEIPTS IN

SECTION A, PART III OF SCHEDULE A. THIS WAS CORRECTED AND RESTATED IN

THE SCHEDULE A IN 2019. HOWEVER, THIS HAS NO IMPACT UPON THE SUPPORT

PERCENTAGE REPORTED BY THE ORGANIZATION AND REPRESENTS A CHANGE IN

PRESENTATION ON THE SCHEDULE A ONLY.

SCHEDULE A, PART III, SECTION B, LINE 11:

PER THE IRS SCHEDULE A INSTRUCTIONS, THIS LINE INCLUDES THE NET INCOME
FROM UNRELATED BUSINESS ACTIVITIES EVEN IF NOT REGULARLY CARRIED ON.

THE SHELTER CONDUCTS FUNDRAISERS THAT MEET THE DEFINITION OF AN

UNRELATED BUSINESS ACTIVITY THAT IS NOT REGULARLY CARRIED ON AND,

THEREFORE, IS NOT REPORTABLE ON FORM 990-T. THE NET INCOME FROM THESE

232028 12-09-22

Schedule A (Form 990) 2022

85-6000484 Page 8 SOCIETY, INC. Schedule A (Form 990) 2022 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.) ACTIVITIES WAS NOT INCLUDED ON LINE 11 IN PRIOR YEARS IN ERROR AND HAS BEEN CORRECTED AND REPORTED RETROACTIVELY ON THIS SCHEDULE A BEGINNING IN 2019. THIS RESTATEMENT HAS NOT MATERIALLY IMPACTED THE PUBLIC SUPPORT PERCENTAGE THAT APPROACHES 90% AND THAT SIGNIFICANTLY EXCEEDS THE 33 1/3% MINIMIM REQUIRED UNDER THIS SUPPORT TEST.

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

Employer identification number

85-6000484

Organization type (check one):							
Filers of:	:	Section:					
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

Employer identification number

85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + +	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ \$ 5 , 375 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

Employer identification number

85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$_10,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,200.	Person X Payroll

	, , ,				<u> </u>
Name of organization				Employer identification number	
SANTA FE	ANIMAL	SHELTER	AND	HUMANE	
SOCTETY	TNC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,923.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$6,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of or	Name of organization					Employer identification number
SANTA	FE	ANIMAL	SHELTER	AND	HUMANE	
SOCIET	ΓY.	INC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* \$ 5 , 600 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 20,000.	Person X Payroll

223452 11-15-22

	•	, , ,											
Name of o	rganiza	ation										Employer identification nur	mber
SANTA	FE	ANIMAL	SHELTER	AND	HUMANE	:							
SOCIE	ΓY,	INC.										85-6000484	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$8,642.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27			Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30			Person X Payroll

	, , ,				<u> </u>
Name of organiz	ation				Employer identification number
SANTA FE	ANIMAL	SHELTER	AND	HUMANE	
SOCTETY	TNC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$9,671.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	* 8 , 420 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$ <u>8,720.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Hame, add ess, and EIF + 4	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

	, , ,				<u> </u>
Name of organiz	ation				Employer identification number
SANTA FE	ANIMAL	SHELTER	AND	HUMANE	
SOCTETY	TNC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
37		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 40	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42	Name, aud ess, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	, , ,				<u> </u>
Name of organiz	ation				Employer identification number
SANTA FE	ANIMAL	SHELTER	AND	HUMANE	
SOCTETY	TNC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

223452 11-15-22

	•	, , ,											
Name of o	rganiza	ation										Employer identification nur	mber
SANTA	FE	ANIMAL	SHELTER	AND	HUMANE	:							
SOCIE	ΓY,	INC.										85-6000484	

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
49		Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$\$
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	Total contributions
50		Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$5,000.
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	Total contributions
51		Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$5,000.
(a)	(b)	(c) (d)	
No. 52	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$10,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
53	Name, audiess, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
No. 54	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	

	•	, , ,											
Name of o	rganiza	ation										Employer identification nur	mber
SANTA	FE	ANIMAL	SHELTER	AND	HUMANE	:							
SOCIE	ΓY,	INC.										85-6000484	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>55</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 56	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57	Training and 6005 Mild Ell 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 58	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 59	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
60	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

, , , ,	<u> </u>
Name of organization	Employer identification number
SANTA FE ANIMAL SHELTER AND HUMANE	
SOCIETY. INC.	85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No. 61	Name, address, and ZIP + 4	* 9,990.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	* 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll

	, , ,				<u> </u>
Name of organization		Employer identification number			
SANTA FE	ANIMAL	SHELTER	AND	HUMANE	
SOCTETY	TNC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	* \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Traine, avaices, and LIF T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

	_ `	, , ,				<u> </u>
Name of or	rganiza	ation				Employer identification number
SANTA	FE	ANIMAL	SHELTER	AND	HUMANE	
SOCIE	ΓY,	INC.				85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	* 8 , 455 • 8 , 455 •	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$, 5,191.	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Name of organization

SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

Employer identification number

85-6000484

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

Employer identification number

85-6000484

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.									
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
	PUBLICLY TRADED STOCK									
<u>77</u>										
		\$10,148.	07/20/22							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
	PUBLICLY TRADED STOCK									
<u>78</u>	-									
		\$5,191.	11/10/22							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
	PUBLICLY TRADED STOCK									
<u>79</u>										
		\$509,500.	01/12/22							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
		\$								

Schedule B (Form 990) (2022)

Name of organization

SANTA FE ANIMAL SHELTER AND HUMANE

Page 4

Employer identification number

	FE ANIMAL SHELTER AND FY, INC.	HUMANE			85-6000484
SOCIET Part III	Explusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 through (e) and the following charitable, etc., contributions of \$1 	line entry. For or	ganizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	ription of how gift is held
		(e) Transfe	er of gift		
_	Transferee's name, address, a	and ZIP + 4	R	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	ription of how gift is held
-	Transferee's name, address, a	(e) Transfe		elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	ription of how gift is held
_		(e) Transfe	er of gift		
-	Transferee's name, address, a	and ZIP + 4	R	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	ription of how gift is held
		(e) Transfe	er of gift		
_	Transferee's name, address, a	and ZIP + 4	R	elationship of tran	nsferor to transferee
1					

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

2022
Open to Public Inspection

Name of the organization

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

Employer identification number 85-6000484

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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Sche	dule D (Form 990) 2022 SOCIETY						85-60	00484	4 P	age 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or	Othe	r Simila	ır Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make si	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further th	e organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "`	Yes" on	Form 99	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					_		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				1			
								Amoun	<u>t</u>	
С	Beginning balance									
	Additions during the year									
е	Distributions during the year					I .				
f	Ending balance							7		1
	Did the organization include an amount on Fo		*			ity?	L	Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
ı aı	TV Endowment Funds. Complete in						voore back	(e) Four	voore	hack
4.	Davissian of combalance	(a) Current year	(b) Prior year	(c) Two years			years back	(e) Foul		
1a	Beginning of year balance	1,850,220. 5,000.	1,630,477.	1,390	,644.		796,088. 565,563.		893,	002.
b	Contributions	-105,083.	288,809.		,904.		113,121.		-24,	086
C	Net investment earnings, gains, and losses	-105,083.	200,009.	112	,904.		113,121.		-24,	000.
a	Grants or scholarships									
е	Other expenditures for facilities	80,411.	70,066.	77	,371.		84,472.		73	508.
	and programs	00,411.	70,000.	,,	,3/1.		04,472.		,,,	300.
	Administrative expenses	1,669,726.	1,850,220.	1 630	,477.	1	390,300.		796,	088
g	End of year balance				, = / / •	<u> </u>	330,300.		750,	
2	Board designated or quasi-endowment	52.2300	%) Held as.						
a	Permanent endowment • 0000	%								
C	45 5500									
C	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses		tion that are held an	nd administer	ad for th	10				
oa	organization by:	331011 01 tile organiza	tion that are new an	a dariii iistore	od for th			ſ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		William Tarias.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumula	ted	(d) Boo	k valu	—— е
		basis (investn		I	٠,	preciatio	l l	()		
1a	Land									
b	Buildings		17,25	8,317.	10,8	854,5	75.	6,40	3,7	42.
	Leasehold improvements			0,644.		470,6			-	0.
	Equipment			1,189.		653,1		12	7,9	93.
	Other			5,586.		233,1			2,4	
	Add lines 1a through 1e (Column (d) must e		•			•		6.54		21.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SOCIETY, INC	IMAL SHELTER	AND HUMANE	85-6000484 Page 3
Part VII Investments - Other Securities.	•		os oddolol rage o
Complete if the organization answered "Yes" of	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 of	r end-of-vear market value
TAX ET LIST II	(-,	(0,111111111111111111111111111111111111	
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	7 Tu. 200 Form 200, Furth, Into 10.	(b) Book value
	PETUAL TR		715,465.
. ,	PEIUAL IK		218,700.
(2) RIGHT OF USE ASSET			210,700.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		934,165.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			217,400.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		217,400.
(COIUITIT (D) ITIUSE EQUAL FOITH 330, FAIT A, COI. (B) IIITE	<u> </u>		

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

Schedule D (Form 990) 2022

	SANTA FE ANIMAL SHELTER AN	D HUM				
Schedu	le D (Form 990) 2022 SOCIETY, INC.			85-	6000484 i	Page 4
Part >	XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1 To	otal revenue, gains, and other support per audited financial statements			1	7,037,3	<u>301.</u>
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:					
a N	et unrealized gains (losses) on investments	. 2a	-2,497,634.			
b D	onated services and use of facilities	. 2b	7,789.			
c R	ecoveries of prior year grants	. 2c				
d 0	ther (Describe in Part XIII.)	2d				
e A	dd lines 2a through 2d			2e	-2,489,8	
3 S	ubtract line 2e from line 1			3	9,527,1	<u>L46.</u>
	mounts included on Form 990, Part VIII, line 12, but not on line 1:					
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	33,235.			
b 0	ther (Describe in Part XIII.)	. 4b	-88,732.			
	dd lines 4a and 4b			4c	-55,4	
5 To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,471,6	549.
Part 2	XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1 To	otal expenses and losses per audited financial statements			1	8,169,3	<u>356.</u>
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:					
a D	onated services and use of facilities	. 2a	7,789.			
b P	rior year adjustments	2b				
c O	ther losses	. 2c				
d 0	ther (Describe in Part XIII.)	. 2d	88,732.			
e A	dd lines 2a through 2d			2e	96,5	
3 S	ubtract line 2e from line 1			3	8,072,8	335 <u>.</u>
	mounts included on Form 990, Part IX, line 25, but not on line 1:					
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	33,235.			
b 0	ther (Describe in Part XIII.)	. 4b				
c A	dd lines 4a and 4b			4c	33,2	
5 To	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	8,106,0)70.
Part 2	XIII Supplemental Information.					
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1	b and 2b; Part V, line 4	; Part 2	X, line 2; Part XI,	
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional info	rmation.			
PART	V, LINE 4:					
THE	ENDOWMENT FUNDS WERE ESTABLISHED TO EARN	INCO	ME FOR THE S	HEL'	TER. THE	
<u>SHEL</u>	TER MAY SPEND THE EARNINGS IN ANY MANNER	DEEMI	ED NECESSARY	•		
PART	X, LINE 2:					
THE	SHELTER IS A NONPROFIT CHARITABLE CORPOR.	ATION	AND HAS BEE	N R	ECOGNIZEL)
AS T	AX-EXEMPT UNDER SECTION 501(C)(3) OF THE	INTE	RNAL REVENUE	CO	DE. THE	
SHEL	TER HAS ADOPTED GAAP, AS THEY RELATE TO	UNCER:	TAIN TAX POS	ITI	ONS, AND	

Schedule D (Form 990) 2022

HAS EVALUATED ITS TAX POSITIONS TAKEN FOR OPEN TAX YEARS. MANAGEMENT

BELIEVES THAT THE ACTIVITIES OF THE SHELTER ARE WITHIN ITS TAX-EXEMPT

PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS.

SANTA FE ANIMAL SHELTER AND HUMANE	0= 6000404
Schedule D (Form 990) 2022 SOCIETY, INC. Part XIII Supplemental Information (continued)	85-6000484 Page 5
Continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED AS EXPENSE ON AUDITED FINANCIAL	
STMTS	-9,594.
	3,331.
SPECIAL EVENT EXPENSE REPORTED AS EXPENSE ON AUDITED	
TIMANGTAL GOVERG	70 120
FINANCIAL STMTS	-79,138.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-88,732.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
IIIII IIII IIII III IIII IIII IIIII IIII	
COST OF GOODS SOLD NETTED WITH REVENUE ON PAGE 9	9,594.
CDECTAL EVENUE EXPENSE NEMMED WIMI DEVENUE ON DACE O	70 120
SPECIAL EVENT EXPENSE NETTED WITH REVENUE ON PAGE 9	79,138.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	88,732.

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

Go to	www.irs.gov/F	-orm990 for instruc	ctions	and th	ne latest informatioi	า.		Поресноп
Name of the organization SANTA FI SOCIETY		SHELTER A	ND I	HUMZ	ANE		Employer ide 85-6000	ntification number 484
Part I Fundraising Activities. required to complete this part		organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization raise a	ed funds through r oral agreement art VII) or entity ir iduals or entities	e Solicitat f Solicitat g Special with any individual connection with pi	tion of tion of fundra (includ	non-g gover ising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) /	Activity	(iii) fundr have c or con contribu	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
List all states in which the organization or licensing.	n is registered or	licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

232081 10-27-22

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022

SOCIETY, INC.

85-6000484 Page 2

Pa	rt I		-		The state of the s	
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			 BARKIN' BALL		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	181,890.			181,890.
Be	'	Gross receipts	101/0301			101/0301
	2	Less: Contributions	167,265.			167,265.
	3	Gross income (line 1 minus line 2)	14,625.			14,625.
	_					
	4	Cash prizes	0.			
	5	Noncash prizes	0.			
S		TVOTICAGIT PTIZES				
ense	6	Rent/facility costs	7,893.			7,893.
Direct Expenses						
ect	7	Food and beverages	20,898.			20,898.
Ë			400			400
	8	Entertainment				400.
	9 10	Other direct expenses	•	l		79,138.
		Net income summary. Subtract line 10 from li	. ,			-64,513.
Pa						<u>, </u>
		\$15,000 on Form 990-EZ, line 6a.		.		
ā			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			.,,	bingo/progressive bingo		col. (a) through col. (c))
Re	_	0				
	1	Gross revenue				
"	2	Cash prizes				
Jses						
Direct Expenses	3	Noncash prizes				
St E						
Öire	4	Rent/facility costs				
_	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u>l</u>
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					
	_					
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	SOCIETY,	INC.		85-6000484	Page 3
11	Does the organization conduct ga	aming activities with	nonmembers?		Yes	No
12	Is the organization a grantor, ben	eficiary or trustee o	a trust, or a member o	of a partnership or other entity formed		
	to administer charitable gaming?				Yes	☐ No
13	Indicate the percentage of gamin					
		•			13a	%
						%
				gaming/special events books and rec		
				33		
	Name					
	Address					
15	a Does the organization have a cor	ntract with a third pa	rty from whom the orga	anization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gam	ning revenue receive	d by the organization	\$ and the	amount	
	of gaming revenue retained by th			and the	amount	
	If "Yes," enter name and address					
•	in res, entername and address	or the time party.				
	Name					
	- Name					
	Address					
16	Gaming manager information:					
10	daming manager information.					
	Name					
	Gaming manager compensation	\$				
	Garming manager compensation	¥				
	Description of services provided					
	Director/officer	Employee	Indeper	ndent contractor		
						
17	Mandatory distributions:					
	Is the organization required unde	r state law to make	charitable distributions	from the gaming proceeds to		
	retain the state gaming license?				Yes	No
				to other exempt organizations or sper		
	organization's own exempt activi					
Pa				ed by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9	b, 10b,
	 ,			formation. See instructions.	, ,	
	, , ,		,			
_						

		SANTA FE	ANIMAL	SHELTER	AND HUM	ANE		
Schedule C	G (Form 990) Supplemental Infor	SOCIETY,	INC.				85-6000484	Page 4
Part IV	Supplemental Infor	mation _{(continue}	ed)					
	-							
-								
-								
-								
-								
-								
-								
-								
-								

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 **2022**

Open to Public Inspection

Internal Revenue Service Name of the organization

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

Employer identification number 85-6000484

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.5		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trastees, and officers, including the OLO/Executive Director, regarding the items checked of fine 1a:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Device the constant of the second Patentian Form COO. Death/file Oction A. Para As with second the the file of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only and the F04(2)(0) F04(2)(4) and F04(2)(00) annotination amount assemble lines F 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	-		v
	The organization?	5a		X
D	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a		

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

Schedule J (Form 990) 2022

SOCIETY, INC. Schedule J (Form 990) 2022

85-6000484

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOHN HAGERMAN	(i)	180,764.	0.	0.	3,504.	8,008.	192,276.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Schedule J (Form 990) 2022	SOCIETY,	INC.				85-6000484	Page 3
Part III Supplemental Informati	on						
Provide the information, explanation	n, or descriptions re	quired for Part I, lines	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a	a, 6b, 7, and 8, and for Part I	I. Also complete this p	art for any additional information	٦.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

Employer identification number 85-6000484

Pai	rt 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 de noncash contribu		-	6
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	Х	5	529 481.	FAIR MARKET	7/AT.	IIE.	
10	Securities - Closely held stock	- 21		323,401.		V 2 3 111	<u> </u>	
11	Securities - Partnership, LLC, or							
••								
12	***************************************							
13	Securities - Miscellaneous Qualified conservation contribution -							
13								
11	Qualified conservation contribution - Other							
14 15	Real estate - Residential							
16								
	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	Х	122	35 031	гато м ариет	777 T	TTC	
25	Other (SUPPLIES) Cher (FUNDRAISING ITE)	X	5		FAIR MARKET FAIR MARKET			
26		X	1		FAIR MARKET			
27	· · · · · · · · · · · · · · · · · · ·			3,073.	FAIR MARKEI	VAL	OE	
28	Other ()	a Atlanta albumba a						
29	Number of Forms 8283 received by the organization which the provided in the second state of the second sta							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			<i>,</i>	NI -
20-	Division the construction which the companies time we call to			autaal in Daut I. linaa 4 thus	b 00 4b -4 14	,	es/	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the					00-		Х
	exempt purposes for the entire holding period?					30a		
	 b If "Yes," describe the arrangement in Part II. 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 				0.4	Ţ.		
31		-	•	•	ions?	31	Х	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
	contributions?				32a		X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC. 85-6000484 Schedule M (Form 990) 2022 Page 2 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, LINE 33: THE SHELTER OPERATES TWO RESALE STORES WHEREBY THEY ACCEPT THE DONATION OF HOUSEHOLD ITEMS THAT ARE THEN RESOLD. UNDER GAAP, THE SHELTER DOES NOT REPORT AS DONATION REVENUE THE VALUE OF THE ITEMS RECEIVED FROM DONORS FOR RESALE IN THE RESALE STORE. INSTEAD, THE SHELTER REPORTS THE REVENUE FROM THE DONATED ARTICLES WHEN THEY ARE SOLD. FURTHERMORE, THE SHELTER PERFORMS AN INVENTORY COUNT AND ESTIMATES VALUE OF INVENTORY AT YEAR-END BASED ON HISTORICAL SALES, AND THE CHANGE IN INVENTORY IS REPORTED AS DONATION REVENUE. THIS FORM 990 CONSISTENTLY REPORTS THIS REVENUE IN ACCORDANCE WITH THE GAAP FINANCIAL REPORTING METHOD. THEREFORE, THERE ARE NO AMOUNTS REPORTED AS DONATION REVENUE FOR THE ITEMS DONATED FOR RESALE TO THE RESALE STORES THAT ARE LISTED ON LINE 5 OF SCHEDULE M. THE SALES REVENUE FOR THESE ITEMS ARE INCLUDED IN THE REVENUES REPORTED ON LINE 10A ON PAGE 9 OF THE FORM 990 AND EXCEEDS \$1.1 MILLION.

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

AT HELPING PETS AND THEIR PEOPLE STAY TOGETHER DURING CHALLENGING

Employer identification number 85-6000484

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN 2022, SANTA FE ANIMAL SHELTER LAUNCHED THE CASA PROGRAM COMMUNITY ASSISTANCE FOR SANTA FE ANIMALS - WHICH IS A SAFETY NET PROGRAM AIMED

TIMES.

LINE 4A, DESCRIPTION OF PROGRAM SERVICE: PART III,

THE SANTA FE ANIMAL SHELTER IS THE LARGEST ANIMAL SHELTER AND CARE FACILITY IN NORTHERN NEW MEXICO. THROUGH OUR VARIOUS PROGRAMS, WE SERVE MORE THAN 25,000 LOST, STRAY, ABANDONED, INJURED AND OWNED ANIMALS EACH WE RECEIVE NEARLY ALL OF OUR FUNDING THROUGH PRIVATE DONORS. THE SHELTER CONTRACTS WITH THE CITY AND COUNTY OF SANTA FE TO CARE FOR HOMELESS & STRAY ANIMALS, AND, AS AN OPEN-ADMISSIONS SHELTER, WE ACCEPT ALL ANIMALS IN OUR SERVICE AREA. WE ALSO TRANSFER ANIMALS IN FROM PACKED SHELTERS IN NEW MEXICO AND BEYOND, DEPENDING ON OUR RESOURCES.

OUR ADMISSIONS AND LICENSING DEPARTMENT TAKES IN HOMELESS ANIMALS FROM IN 2022, WE TOOK IN 4,672 LOST OR HOMELESS THE CITY AND COUNTY AREAS. ANIMALS AND MAINTAINED A LIVE RELEASE RATE OF 95.2%.

EVERY ANIMAL RECEIVES MEDICAL ATTENTION THROUGH OUR SHELTER CLINIC RANGING FROM VACCINATIONS AND SPAY/NEUTER SERVICES TO ACUTE CARE FOR TRAUMA AND CRUELTY CASES. ONCE AN ANIMAL IS MEDICALLY CLEARED, OUR BEHAVIOR DEPARTMENT STEPS IN, ENSURING THE ANIMAL'S STAY AT THE SHELTER IS ENRICHED THROUGH A VARIETY OF PROGRAMS THAT ARE ESSENTIAL IN HELPING OUR ANIMALS FIND THE BEST MATCHES POSSIBLE. THE ADOPTION TEAM WORKS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.	Employer identification number 85-6000484
WITH POTENTIAL ADOPTERS TO MAKE SUCCESSFUL MATCHES AND FOU	ND NEW HOMES
FOR 2,501 ANIMALS IN 2022.	
OUR VOLUNTEERS PROVIDED MORE THAN 21,100 HOURS IN 2022, COINVALUABLE HELP ACROSS MANY DEPARTMENTS.	NTRIBUTING
FOR TEACHERS AND STUDENTS, 2022 WAS A "BOUNCE BACK" EDUCAT THIS CONTRIBUTED TO FEWER THAN NORMAL REQUESTS FOR HUMANE	IONAL YEAR.
PRESENTATIONS IN 2022. EVEN SO, WE PROCEEDED AS BEST WE CO	
	UNTEER TIME
INCLUDES CLASSROOM AND LIBRARY PRESENTATIONS, ZOOM PRESENT	ATIONS,
SHELTER TOURS, MEETINGS WITH NM WILDLIFE CENTER EDUCATORS	
ADMINISTRATIVE REPORTS FOR THE CARING KIDS PROGRAM. FOR TH	E 2022 SCHOOL
YEAR, WE GAVE THIS PROGRAM IN FOUR DIFFERENT CLASSROOMS TO	A TOTAL OF
ABOUT 90 STUDENTS. SINCE 2018, THE CARING KIDS PROGRAM (T	AUGHT IN
PARTNERSHIP WITH NM WILDLIFE CENTER) HAS REACHED 21 CLASSR	OOMS, 7
SCHOOLS AND OVER 500 STUDENTS.	
IN 2022 WE ALSO PARTICIPATED IN CHRISTMAS EVENTS AT TWO SC	HOOLS IN
WHICH THE STUDENTS COLLECTED AND DONATED TOWELS, BLANKETS,	FOOD AND
OTHER ITEMS FOR THE SHELTER.	
OUR TWO HUMANE EDUCATORS CONTRIBUTED A COMBINED TOTAL OF 5	4 VOLUNTEER
DURING 2022 WE HAD OVER 40 REGISTERED PET OUTREACH VOLUNTE	
HUMAN-ANIMAL TEAMS PROVIDING ANIMAL ASSISTED ACTIVITIES, I	
WORDS & WAGS READING TO DOGS PROGRAM. ANIMAL ASSISTED ACTI	VITIES ARE

Schedule O (Form 990) 2022 Page 2 SANTA FE ANIMAL SHELTER AND HUMANE Name of the organization **Employer identification number** 85-6000484 SOCIETY, INC. PROVIDED TO ORGANIZATIONS THROUGH THE SANTA FE AREA, AND ANIMAL ASSISTED THERAPY IS ALSO PROVIDED AT SELECT FACILITIES. THESE ORGANIZATIONS INCLUDE SCHOOLS, COLLEGES, LIBRARIES, HOSPITALS, YOUTH SHELTERS, RETIREMENT HOMES, SENIOR SERVICES, AND HOSPICE ORGANIZATIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, AND THEN REVIEWED AND APPROVED BY THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE A NEW, UPDATED CONFLICT OF INTEREST FORM AND THESE FORMS ARE KEPT IN THE BOARD ARCHIVES. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS, DURING EXECUTIVE SESSION, REVIEW THE PERFORMANCE AND DETERMINE THE COMPENSATION OF THE CEO BASED UPON THIS REVIEW AND THE FINANCIAL CONDITION OF THE SHELTER. IN MAKING THIS DECISION, THE BOARD CONSIDERS THE COMPENSATION OF CEOS AT SIMILAR SHELTERS. THE DELIBERATION AND DECISION AS TO THE CEO'S COMPENSATION IS DOCUMENTED IN EXECUTIVE SESSION MINUTES AND IN A FORMAL LETTER TO THE CEO. THIS PROCESS WAS LAST COMPLETED IN 2023. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NM, AL, AR, CA, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NY, NC, ND, OR, PA, RI, SC, TN

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2022

UT, VA, WV, WI

Schedule O (Form 990) 2022 Name of the organization SANTA FE ANIMAL SHELI SOCIETY, INC.	TER AND HUMANE	Employer identification number 85-6000484
THE SHELTER MAKES ITS FINANCIAL STA	ATEMENT AND OTHER ORGAN	IZING DOCUMENTS
AVAILABLE TO THE PUBLIC UPON REQUES	ST. IN ADDITION, AN ANNU	JAL REPORT IS
PREPARED THAT PROVIDES FINANCIAL AC	CTIVITY HIGHLIGHTS.	
FORM 990, PART IX, LINE 24E, ALL O	THER FUNCTIONAL EXPENSES	
MAINTENANCE AND REPAIRS:		-
PROGRAM SERVICE EXPENSES		66,516.
MANAGEMENT AND GENERAL EXPENSES		755.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		67,271.
IN-KIND EXPENSE:		
PROGRAM SERVICE EXPENSES		26,987.
MANAGEMENT AND GENERAL EXPENSES		255.
FUNDRAISING EXPENSES		21,740.
TOTAL EXPENSES		48,982.
MISCELLANEOUS:		
PROGRAM SERVICE EXPENSES		7,556.
MANAGEMENT AND GENERAL EXPENSES		50.
FUNDRAISING EXPENSES		471.
TOTAL EXPENSES		8,077.
COMMUNITY SUPPORT:		
PROGRAM SERVICE EXPENSES		1,992.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		1,992.
232212 10-28-22	60	Schedule O (Form 990) 2022

Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.	Employer identification number 85-6000484
FR EVENT EXP TO PG 9:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	-79,138.
TOTAL EXPENSES	-79,138.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	47,184.

Schedule O (Form 990) 2022