Form **990**

** 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Dep	artment o	of the Treasury nue Service		Form990 for instructions and	-	•		Open to Public Inspection
			r year, or tax year beginning		ending			
в	Check if	C Name of o	organization		<u> </u>	D Employer iden	tification	number
	applicabl	SANTA F	E ANIMAL SHELTER AND HUMAN	1E				
	Addre	e SOCIETY	, INC.			_		
	Name chang		siness as			85-600048	84	
	Initial		and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone num	nber	
	Final		A DEL RIO ROAD			505-983-43	809	
_	termin ated	City or to	wn, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		28,446,445.
	Amen return Applic	SANIA F	E, NM 87507			H(a) Is this a group	p return	
	tion pendii	F Name and	d address of principal officer: ELIZ	ABETH RICE		for subordina		=
		SAME AS (H(b) Are all subordinate		
		empt status: X		(insert no.) 4947(a)(1)	or 527	1 '		
	Websi			opposition Other		H(c) Group exemp		
	Form of art I	organization: X Summary	Corporation Trust A	ssociation Other	L Year	of formation: 1939	M State	of legal domicile: NM
		-	the organization's mission or most	significant estivition. THE MT	SSTON OF		ON	
e	1		RT ANIMALS, SAVE LIVES, AN		bbion of		011	
Governance	2	Check this box		ntinued its operations or dispo	sod of moro	than 25% of its not	accote	
veri	3		ng members of the governing body	· · · · ·		1	3	7
ģ	4		pendent voting members of the go	,			4	7
2 (5		f individuals employed in calendar				5	165
itie	6		f volunteers (estimate if necessary)				6	475
Activities &	7a		business revenue from Part VIII, co				7a	0.
Ā	b		usiness taxable income from Form	(),			7b	0.
						Prior Year	(Current Year
	8	Contributions a	nd grants (Part VIII, line 1h)			3,957,18	1.	22,355,020.
Revenue	9					2,603,85	1.	3,031,737.
eve	10	•	ome (Part VIII, column (A), lines 3, 4			1,855,46	3.	445,802.
ä	11		Part VIII, column (A), lines 5, 6d, 8c			1,055,15	4.	989,028.
	12		add lines 8 through 11 (must equal			9,471,64	9.	26,821,587.
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to	o or for members (Part IX, column (A	A), line 4)			0.	٥.
v,	15	Salaries, other of	compensation, employee benefits (Part IX, column (A), lines 5-10)		5,179,20	3.	5,827,482.
Exnenses	16a	Professional fur	ndraising fees (Part IX, column (A),	ine 11e)			0.	0.
x De	b	Total fundraisin	g expenses (Part IX, column (D), lin	e 25) 709 ,	669.			
ú	17	Other expenses	s (Part IX, column (A), lines 11a-11d	, 11f-24e)		2,926,86		3,493,311.
	18	Total expenses	. Add lines 13-17 (must equal Part I	X, column (A), line 25)		8,106,07	_	9,320,793.
	19	Revenue less e	xpenses. Subtract line 18 from line	12		1,365,57		17,500,794.
Net Assets or					Be	ginning of Current Yea		End of Year
sset	ਸ਼ੂ 20	Total assets (Pa				16,108,90		34,469,469.
etA	21	Total liabilities (787,69		836,947.
	art II	Net assets or fu	Ind balances. Subtract line 21 from	line 20		15,321,214	4·	33,632,522.
		•	declare that I have examined this return	including accompanying schedule	e and etatome	ante and to the heet of	my knowle	dae and belief it is
			Declaration of preparer (other than offic				THY KILOWIE	uye allu bellel, it is
uu	,		ETH RICE		ποτιρισμαισι	8/20/	2024	
Sig	m	Signature of offi				Date		
He			ICE, TREASURER					
ne		Type or print na						
		Print/Type prepa		Preparer's signature	[Date Check		PTIN
Pai	d	STEPHEN LIV		STEPHEN LIVINGSTON	0	8/15/24 ^{if} self-em	nployed P0	0317845
	parer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN	41-07	
	Only	Firm's address	6501 AMERICAS PARKWAY NE,	SUITE 500				
			ALBUQUERQUE, NM 87110			Phone no.5	05-842-	8290

May the IRS discuss this return with the preparer shown above? See instructions	
LHA For Paperwork Reduction Act Notice, see the separate instructions.	332001 12-21-23

No

X Yes

Form	SANTA FE ANIMAL SHELTER AND HUMANE 990 (2023) SOCIETY, INC.	85-600048	34 Page
	t III Statement of Program Service Accomplishments		5
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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?	[Yes X N
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	l	Yes X N
4	If "Yes," describe these changes on Schedule O.	manaurad by a	(202000
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	rs, the total exp	enses, and
4a	(Code:) (Expenses \$4,940,406. including grants of \$0.) (Rever	nue \$	739,573.
	SANTA FE ANIMAL SHELTER, SEE SCHEDULE O.		
4b		nue \$	2,292,308.
	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 VETERINARY		
	CARE, EVEN DURING A TIME OF CRISIS. OUR SPAY/NEUTER & WELLNESS CLINIC		
	OFFERS LOW-COST, HIGH QUALITY SPAY/NEUTER AND VACCINATION PROGRAMS AND		
	PROVIDED 3,149 SPAY/NEUTER SURGERIES TO AREA ANIMALS IN 2023 IN AN		
	EFFORT TO REDUCE ANIMAL OVERPOPULATION.		
	240 700		
4c	(Code:) (Expenses \$ 248,709. including grants of \$ 0.) (Rever CASA PROGRAM COMMUNITY ASSISTANCE, SEE SCHEDULE 0.	1ue \$	0.
	CABA TROORAM COMMONITY ADDIDITANCE, DEE DENEDOLE O.		
	Other program services (Describe on Schedule O.)		
4d			`
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 7,401,826.)
	- 101 005) Form 990 (202

SANTA FE ANIMAL SHELTER AND HUMANE

	990 (2023) SOCIETY, INC. 85-600048	34	Р	age 3
Par	t 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)?		v	
•	If "Yes," complete Schedule A	1	x x	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Δ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
F	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Roy. Proc. 08 102, 16 Was II accurate October (4), October	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		<u> </u>
5	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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		x
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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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SANTA FE ANIMAL SHELTER AND HUMANE

Form	990 (2023) SOCIETY, INC. 85-600048 t IV Checklist of Required Schedules (continued)	4	Р	_{age} 4
1 01	Continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	NO
~~	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 current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
29	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 01	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע זו סטוופטעופ ט טטווגמווז מ ופסטטוזפ טו זוטנפ נט מוזץ ווופ ווז גווזא דמוג ע		Var	
10	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 34		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a34Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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	F			. /

	SANTA FE ANIMAL SHELTER AND HUMANE			
	990 (2023) SOCIETY, INC. 85-600048	4	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 165			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		<u>- 25</u> 3a		x
	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? <i>If</i> "No" to line 3b, 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	30		
40		4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g b		79 7h		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┣──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15		15		x
	excess parachute payment(s) during the year?	13		<u> </u>
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
<i></i>	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-
	If "Yes," complete Form 6069.		0000	
332005	12-21-23	Form	990	(2023)

SANTA FE ANIMAL SHELTER AND HUMANE

	SANTA FE ANIMAL SHELTER AND HUMANE						
Form	990 (2023) SOCIETY, INC.		85-6000		Р	age 6	
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" i	respon	ise	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
		1	I	_	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		7			
	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 0.			_			
-	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision				
			- Cl 10			X X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			·		X	
5	Did the organization become aware during the year of a significant diversion of the organization's asser-					X	
6 7-	Did the organization have members or stockholders?			6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			70		x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			<u>7a</u>			
D				7b		x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10			
a	The governing body?	-	-	8a	x		
	Each committee with authority to act on behalf of the governing body?				х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
•	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
		0.100	0000		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		x	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	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 in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				X		
b	Other officers or key employees of the organization			15b		X	
40	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 arrangem			10-		x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3)s onlv)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		. (-,,,			
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial		
	statements available to the public during the tax year.		. ,,,				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	LINDA MOORE, CPA - 505-983-4309						
	100 CAJA DEL RIO ROAD, SANTA FE, NM 87507						
332006	i 12-21-23			Forn	ז 990	(2023)	
	7						

SANTA FE ANIMAL SHELTER AND HUMANE

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.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			ition		ane	Reportable	Reportable	Estimated
	hours per	box	(do not chec box, unless p officer and a		rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		voldr	t con	_	1099-INEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN HAGERMAN	40.00	_	-		<u> </u>					
CEO (THRU 7/23)				х				213,500.	0.	9,566.
(2) RICK SNOOK	24.00									
VETERINARIAN						x		125,700.	0.	0.
(3) KRISTEN JENSEN	40.00									
MEDICAL DIRECTOR						х		111,756.	0.	11,910.
(4) MICHELLE L SALOB	40.00									
VETERINARIAN						X		111,315.	0.	11,897.
(5) LINDA MOORE	40.00									
DIRECTOR OF FINANCE				х				110,339.	0.	11,910.
(6) PAMELA WEESE POWELL	40.00									
DIRECTOR OF PHILANTHROPY						X		108,900.	0.	8,985.
(7) JILLIAN DOUGHERTY	30.00									
VETERINARIAN						X		100,100.	0.	5,005.
(8) CAREN SHIOZAKI	40.00									
INTERIM CEO (AS OF 8/23)				Х				73,125.	0.	0.
(9) KURT HAUSAFUS	4.00									
BOARD CHAIR (THRU 5/23)		Х		Х				0.	0.	0.
(10) GRETCHEN WALTHER	5.00									
BOARD CHAIR (AS OF 6/23)		Х		Х				0.	0.	0.
(11) HOLLY KOEHLER	2.00									
VICE CHAIR (THRU 5/23)		Х		X				0.	0.	0.
(12) SHEILA VAUGHN	18.00									
VICE CHAIR (AS OF 6/23)		Х		Х				0.	0.	0.
(13) BRUCE JOHNSON	4.00									
TREASURER (THRU 8/23)		Х		X				0.	0.	0.
(14) MIKE MELODY	4.00									
TREASURER (THRU 6/23)		Х		X				0.	0.	0.
(15) ELIZABETH RICE	21.00									
TREASURER (AS OF 9/23)		х		х				٥.	0.	0.
(16) DIANA BROWN	10.00									
SECRETARY (AS OF 2/23)		х		х				٥.	0.	0.
(17) SARAH SPEARMAN	2.00									
SECRETARY (THRU 1/23)		х		Х				0.	0.	0.
222007 10 01 02										Earm 990 (2023)

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Form 990 (2023)

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SANTA FE ANIMAL SHELTER AND HUMANE

	990 (2023) SOCIETY, IN	C.		D II	01111					85-60	0048	4	P	age 8
Part	VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estima amour othe		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om th anizat I relat nizati	ie tion ted
(18)	BILL FEINBERG	5.00												
DIRE			х						0.		0.			0.
	KRIS MICHAELIS	8.00	÷						0					0
$\frac{\text{DIRE}(20)}{(20)}$	MARY MITCHELL	5.00	Х	-			-		0.		0.			0.
DIRE		5.00	x						0.		0.			٥.
1b	Subtotal								954,735.		0.		59,	273.
	Total from continuation sheets to Part								0.		0. 0.		50	0. 273.
	Total (add lines 1b and 1c) Total number of individuals (including but								,	000 of roportable			59,	275.
	compensation from the organization	not innited to th	1056	IISLE	u ai	000	<i>;</i>) wii		eceived more than \$100,		5		Vee	7
	Did the organization list any former office		,	,	•		,		, , ,	oyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	sum of reportab	le co	ompe	ensa	tion	and	oth	ner compensation from th			3		X
	and related organizations greater than \$1											4	X	
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co											5		x
	ion B. Independent Contractors		<u>e </u>	<u>or st</u>	<u>icn</u>	oers	ion -					0		
	Complete this table for your five highest of the organization. Report compensation for										pensat	ion fro	m	
	(A) Name and busines				<u> </u>				(B) Description of s		С	(C ompen		n
WHIT	LOCK ENTERPRISES													
6208	2ND ST NW, ALBUQUERQUE, NM 871	07							ROOFING REPAIR				206,	170.
2	Total number of independent contractors	(including but n	ot lir	niter	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100.000 of compensation from the organ		2				1							

\$100,000 of compensation from the organization

Form **990** (2023)

332008 12-21-23

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC. 85 - 6000484Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues 75,827. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 22,279,193 1f 3,684,289 g Noncash contributions included in lines 1a-1f 1g |\$ 22,355,020 h Total. Add lines 1a-1f **Business Code** 2 a FEES 2,607,128 2,607,128 900099 Program Service Revenue GOVT. AGENCY CONTRACTS 900099 424,609 424,609 b С d е f All other program service revenue 3,031,737. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 363,264 363,264 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,685,533. assets other than inventory 7a b Less: cost or other basis 1,556,665. 46,330 Other Revenue and sales expenses 7b 46,330 7c 128,868. c Gain or (loss) 82,538. 82,538. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 75,827. of contributions reported on line 1c). See Part IV, line 18 23,610. 8a 18,264. **b** Less: direct expenses 8b 5,346 5,346. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 987,137 10a and allowances 3,599 b Less: cost of goods sold 10b 983,538. 983,538. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a OTHER INCOME 900099 144. 144 Revenue b С d All other revenue 144 Total. Add lines 11a-11d е 26,821,587. 0. 1,434,686. 3,031,881 12 Total revenue. See instructions

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2023.04010 SANTA FE ANIMAL SHELTER A A1930651

Form **990** (2023)

Sectio Do n	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response				
Do n		ete all columns. All othe			
	Check if Schedule O contains a response			nplete column (A).	
		e or note to any line in t (A)	his Part IX (B)	(C)	X
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	418,441.	14,810.	388,821.	14,810
6	Compensation not included above to disqualified	,			,oo
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,360,106.	3,773,346.	216,760.	370,000
8	Pension plan accruals and contributions (include	-,,	-,,	,,	,
0	section 401(k) and 403(b) employer contributions	74,364.	48,585.	13,995.	11,784
9	Other employee benefits	623,857.	584,960.	16,621.	22,276
10	Payroll taxes	350,714.	281,127.	40,805.	28,782
11	Fees for services (nonemployees):	,	, .	, .	,
	Management				
	Legal	27,085.		27,085.	
	Accounting	40,904.		40,904.	
d	Lobbying	37,713.		37,713.	
	Professional fundraising services. See Part IV, line 17	,		,	
f	Investment management fees	36,682.		36,682.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
Ũ	column (A), amount, list line 11g expenses on Sch O.)	339,480.	125,296.	144,503.	69,681
12	Advertising and promotion	65,171.		53,729.	11,442
13	Office expenses	66,456.	49,063.	5,135.	12,258
14	Information technology	151,306.	36,663.	98,853.	15,790
15	Royalties				
16	Occupancy	363,206.	334,133.	15,268.	13,805
17	Travel	4,386.	4,161.	225.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,203.	14,845.	13,629.	2,729
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	887,878.	781,333.	44,394.	62,151
23	Insurance	89,627.	74,967.	11,174.	3,486
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	VET & ANIMAL SUPPLIES	866,945.	866,945.		
b	MAINTENANCE AND REPAIRS	130,850.	130,850.		
С	ADOPTION EXPENSE	84,578.	84,578.	1	E 400
d	BANK SERVICE & CC FEES	79,474.	72,388.	1,948.	5,138
	All other expenses SEE SCH O	190,367.	123,776.	1,054.	65,537
25	Total functional expenses. Add lines 1 through 24e	9,320,793.	7,401,826.	1,209,298.	709,669
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

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Form

		SANTA FE ANIMAL SHELTER AND HUMANE			
	990 (2 t X	2023) SOCIETY, INC. Balance Sheet		85-6000	484 Page 1
rai	וא				
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	257,218.	1	153,315
	2	Savings and temporary cash investments		2	, 13,557,514
	3	Pledges and grants receivable, net		3	4,968,722
	4	Accounts receivable, net		4	, ,
	5	Loans and other receivables from any current or former officer, director,			
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
~	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	124,050
As	9	Prepaid expenses and deferred charges	62 305	9	56,260
		Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D	2.		
	h	Less: accumulated depreciation 10 13,078,85		10c	5,864,560
	11	Investments - publicly traded securities		11	8,784,779
	12	Investments - other securities. See Part IV, line 11		12	, ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	960,25
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	34,469,469
	17	Accounts payable and accrued expenses		17	660,81
	18	Grants payable		18	,
	19	Deferred revenue		19	22,97
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		21	
ties	LL	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities				22	
Lia	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	217,400.	25	153,149
	26	Total liabilities. Add lines 17 through 25	787,692.	26	836,94
		Organizations that follow FASB ASC 958, check here			,
es		and complete lines 27, 28, 32, and 33.			
ũ	27	Net assets without donor restrictions	13,587,045.	27	27,176,68
3ala	28	Net assets with donor restrictions		28	6,455,835
Ĕ	20	Organizations that do not follow FASB ASC 958, check here			, ,
Ъ		and complete lines 29 through 33.			
Ъ	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		32	33,632,522
			·· ,,	~~	, , , = , = = = =

Form 990 (2023)

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sign I	Envelope ID: FAC3A220-6742-4507-A7B4-7F2AA45C013A				
	SANTA FE ANIMAL SHELTER AND HUMANE				40
	990 (2023) SOCIETY, INC.	85-6000	484	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			26	0.01	E 0 7
1	Total revenue (must equal Part VIII, column (A), line 12)	1			587.
2	Total expenses (must equal Part IX, column (A), line 25)	2			794.
3	Revenue less expenses. Subtract line 2 from line 1	4			214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5	15		514.
5 6	Net unrealized gains (losses) on investments	6		010,	514.
7	Donated services and use of facilities	7			
8	Investment expenses Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33	,632,	522.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A		Dublic Cha	rity Status an	d Duk	Nic Si	innort		OMB No. 1545-0047
(Form 990)			ization is a section 501					2022
			47(a)(1) nonexempt cha					ZUZJ
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.						Open to Public
			Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Name of the organization		FE ANIMAL SHELT	ER AND HUMANE				Employe	r identification number
Part I Reason		Y, INC.	(au · · ·					85-6000484
			(All organizations must c			ee instruction	IS.	
The organization is not a	•		e ,		,			
			n of churches described		n 170(a)(1	I)(A)(I).		
			Attach Schedule E (Form		<u></u>	::)		
	-		anization described in se njunction with a hospital			-	Viii) Enter	the hospital's name
city, and state	-	ation operated in cor	junction with a nospital	uescribeu	Sectio			the hospital's hame,
		or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmentalu	nit describ	ed in
¥	•	Complete Part II.)	loge of anitoroity ethiod	or operat	ou oy u ge	i on internet a		
			nental unit described in	section 17	70(b)(1)(A)	(v).		
		-	ntial part of its support fr				ne general	public described in
-		omplete Part II.)		Ũ			0	
			(1)(A)(vi). (Complete Parl	t II.)				
9 An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
university:								
10 X An organizati	on that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, an	d gross receipts from
activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
income and u	inrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		nplete Part III.)						
			vely to test for public saf					
-	-	-	vely for the benefit of, to	-			•	
		-	d in section 509(a)(1) o					Check the box on
	•		f supporting organizatior		-		-	and the se
			upervised, or controlled	• • •	-			
	0		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the si	upporting
		complete Part IV, Se	or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by ba	ling
		-	anization vested in the sa			-		-
	-	t complete Part IV,		ame perso	ns that co		ge the sup	bonted
	. ,	• •	g organization operated	in connect	tion with a	and functional	llv integrate	ed with
). You must complete F				ny mograci	Ja man,
			orting organization oper				rted organi	zation(s)
	-	• •	ation generally must sati				•	. ,
			nplete Part IV, Sections					
			written determination from				II, Type III	
functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f Enter the number	of supported o	organizations						
		about the supporte						
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								

	Si	ANTA FE ANIMAL	SHELTER AND	HUMANE			
Sch		DCIETY, INC.				85-60004	i ugo 🗖
Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		(2) = = = = =	(0) =0= 1	(-)	(0) = 0 = 0	(1) 10 10.
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
11 12	Gross receipts from related activities,	etc. (see instruction	ne)			12	
12	First 5 years. If the Form 990 is for the			fourth or fifth tax			
13					-		
Se	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2023 (I		-	column (f))		14	07
. –						14	%
15	Public support percentage from 2022						<u>%</u>
168	a 33 1/3% support test - 2023. If the o						
_	stop here. The organization qualifies		•				
k	33 1/3% support test - 2022. If the o	-			d line 15 is 33 1/39	6 or more, check thi	s box
_	and stop here. The organization qual		• •				
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Parl	: VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported of	organization		
k	o 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	
						Schedule A	(Form 990) 2023

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SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,755,980 3,188,197 3,492,024 3,957,181 2,392,561 15,785,943. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2,651,937 2,661,966. 2,653,962. 2,603,851 3,031,737 13,603,453. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 1,120,068 697,357 1,130,359 1,125,929. 987,137 5,060,850. Tax revenues levied for the organ-4 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 6,527,985 6,547,520 7,276,345 7,686,961, 6,411,435, 34,450,246. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 61,817 57,608 78,924 156,230 33,658, 388,237. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 273 770 261 658 266 995 274 124 289 005 1,365,552. c Add lines 7a and 7b 335,587 319,266 345,919 430,354, 322,663 753,789 32,696,457. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 6,527,985 6,547,520 7,276,345 7,686,961 6,411,435 34,450,246. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 253,433 1,353,731. 229,834 276,739. 363,264, 230,461 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 229,834 276,739 363,264 1,353,731. 230,461 253,433 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 23,663 2,353 5,346, 31,362. regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 287 32,373 3,309 36,113. 144 assets (Explain in Part VI.) 6,777,641. 7,564,504. 7,967,009. 6.780.189. 35,871,452. 6,782,109. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 91.15 % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 91.05 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.77 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 3.44 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 16

SANTA FE ANIMAL SHELTER AND HUMANE

SOCIETY, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

No Yes

Schedule A (Form 990) 2023 Part IV Supporting Organizations

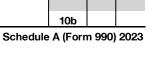
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? // "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).
- 8 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 disgualified 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.)

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	SANTA FE ANIMAL SHELTER AND HUMANE			
Sche		85-6000484	Pa	age 5
Par	t IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic	ers,		
	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 suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soci	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instructior		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2023

3a

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SANTA FE ANIMAL SHELTER			85-6000494	-
hedule A (Form 990) 2023 SOCIETY, INC. art V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zatione	85-6000484	Pag
Check here if the organization satisfied the Integral Part Test		•	in Part VI). See instr	uctions
All other Type III non-functionally integrated supporting organ	lizations must complete s	Sections A through E.		
ction A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
Net short-term capital gain	1			
Recoveries of prior-year distributions	2			
Other gross income (see instructions)	3			
Add lines 1 through 3.	4			
Depreciation and depletion	5			
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 instruc	tions) 6			
Other expenses (see instructions)	7			
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt-use assets	2			
Subtract line 2 from line 1d.	3			
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greate	r amount.			,
see instructions).	4			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
Multiply line 5 by 0.035.	6			
Recoveries of prior-year distributions	7			
Minimum Asset Amount (add line 7 to line 6)	8			
ction C - Distributable Amount			Current Y	ear
Adjusted net income for prior year (from Section A, line 8, column A	A) 1			
Penter 0.85 of line 1.	2			
Minimum asset amount for prior year (from Section B, line 8, column				
Enter greater of line 2 or line 3.	4			
income tax imposed in prior year	5			
Distributable Amount. Subtract line 5 from line 4, unless subject t				
emergency temporary reduction (see instructions).	6			
 Check here if the current year is the organization's first as a r 		а т		

instructions).

Schedule A (Form 990) 2023

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	SANTA FE ANIMAL SHE	LTER AND HUMANE			
	dule A (Form 990) 2023 SOCIETY, INC.		<u> </u>		85-6000484 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	d)	1
Sect	on D - Distributions		I		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pr	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	he organization is responsive		_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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	ANTA FE ANIMAL SHELTER AND HUMANE OCIETY, INC.	85-6000484	Page 8
Part VI Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, lines	tion. Provide the explanations required by Part II, I 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; I s 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and and Part V, Section E, lines 2, 5, and 6. Also complete	Part IV, Section B, lines 1 and 2; Part IV, Sectio d 3b; Part V, line 1; Part V, Section B, line 1e; F	on C,
CHEDULE A, PART III, LINE 12, 3	EXPLANATION FOR OTHER INCOME:		
IISC INCOME			
020 AMOUNT: \$ 287.			
021 AMOUNT: \$ 32,373.			
2022 AMOUNT: \$ 3,309.			
2023 AMOUNT: \$ 144.			
CHEDULE A, PART III, SECTION A	, LINE 3:		
HE ORGANIZATION OPERATES TWO T	HRIFT STORES THAT SELL MERCHANDISE,		
UBSTANTIALLY ALL OF WHICH THE	ORGANIZATION RECEIVES AS DONATIONS. AS	3	
UCH, IT IS EXCLUDED FROM THE D	EFINITION OF AN UNRELATED TRADE OR		
BUSINESS PURSUANT TO SEC. 513(A)(3) OF THE INTERNAL REVENUE CODE. THE	3	
RS SCHEDULE A INSTRUCTIONS REQ	UIRE THAT THE GROSS RECEIPTS FROM THIS		
CTIVITY BE REPORTED ON LINE 3	IN SECTION A, PART III OF SCHEDULE A.		
N PRIOR YEARS, THIS WAS INCORR	ECTLY INCLUDED IN THE LINE 2 RECEIPTS I	IN	
ECTION A, PART III OF SCHEDULE	A. THIS WAS CORRECTED AND RESTATED IN	1	
HE SCHEDULE A IN 2019. HOWEVE	R, THIS HAS NO IMPACT UPON THE SUPPORT		
ERCENTAGE REPORTED BY THE ORGAN	NIZATION AND REPRESENTS A CHANGE IN		
RESENTATION ON THE SCHEDULE A	ONLY.		
CHEDULE A, PART III, SECTION B	, LINE 11:		
ER THE IRS SCHEDULE A INSTRUCT	IONS, THIS LINE INCLUDES THE NET INCOME	3	
ROM UNRELATED BUSINESS ACTIVIT	IES EVEN IF NOT REGULARLY CARRIED ON.		
HE SHELTER CONDUCTS FUNDRAISER	S THAT MEET THE DEFINITION OF AN		
NRELATED BUSINESS ACTIVITY THA	T IS NOT REGULARLY CARRIED ON AND,	Schedule A (Form	n 990) 202
	21		, ==

			NIMAL SHELTER	AND HUMANE			
chedule A	(Form 990) 2023	SOCIETY, I				85-6000484	Page
Part VI	Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b,), lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9 Part IV, Section E,	ons required by Part II, line Dc, 11a, 11b, and 11c; Par lines 1c, 2a, 2b, 3a, and 3 5, and 6. Also complete th	t IV, Section B, lines 1 b; Part V, line 1; Part V	and 2; Part IV, Sectio , Section B, line 1e; P	n C, art V,
HEREFORI	E, IS NOT REPORTABLI	E ON FORM 990	D-T. THE NET	INCOME FROM THESE			
CTIVITI	ES WAS NOT INCLUDED	ON LINE 11	IN PRIOR YEARS	IN ERROR AND HAS			
EEN CORF	RECTED AND REPORTED	RETROACTIVEI	LY ON THIS SCH	IEDULE A BEGINNING			
N 2019.	THIS RESTATEMENT HA	AS NOT MATERI	IALLY IMPACTED) THE PUBLIC			
JPPORT H	PERCENTAGE THAT APPI	ROACHES 90% A	AND THAT SIGNI	FICANTLY EXCEEDS			
HE 33 1,	/3% MINIMIM REQUIRE	D UNDER THIS	SUPPORT TEST.				

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I.

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Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organizatio	n	Employer identification number
	SANTA FE ANIMAL SHELTER AND HUMANE	
	SOCIETY, INC.	85-6000484
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	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	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

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X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE SOCIETY,	ANIMAL SHELTER AND HUMANE		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 contributio	(d) Ins Type of contribution
1		\$7	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$9	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$30	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$5	,000. (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE SOCIETY,	ANIMAL SHELTER AND HUMANE		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7			,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
8		\$200	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
9		\$11	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
10			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
11		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$25	,000. (Complete Part II for noncash contributions.)

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Name of o	B (Form 990) (2023) rganization		Page 2
SANTA FE SOCIETY	ANIMAL SHELTER AND HUMANE		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 contribution	(d) ons Type of contribution
13		\$19,962	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Dns Type of contribution
14_		\$10	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
15		\$6	Ferson X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
16		\$5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
17		\$5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
18		\$25	Person X Payroll Image: Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
			Employer identification number
SANTA FE	INC.		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
19		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
20		\$13	,705. Person X Payroll . Noncash . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$ 5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$14	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
23		\$19	,066. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
24		\$ 5	Person X Payroll □ ,000. Noncash □ (Complete Part II for noncash contributions.)

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	B (Form 990) (2023)		Page 2
	rganization E ANIMAL SHELTER AND HUMANE		Employer identification number
SOCIETY,			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 contributio	(d) Dns Type of contribution
25		\$ 5	A , 000 . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
26_		\$36	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$ 9	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
28_		\$16	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
29_		\$35	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
30		\$10	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE SOCIETY,	ANIMAL SHELTER AND HUMANE		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	L
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$49,	200. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
32		\$100,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
33		\$14,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
34		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
35		\$5 ,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
36		\$19,	381. Person X Operation Payroll Image: Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE	ANIMAL SHELTER AND HUMANE		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 contribution	(d) ns Type of contribution
		\$90,	000. Person X 000. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
38_		\$15,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
39		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u> 40</u>			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
41_		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$5,	Person X Payroll

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE SOCIETY,	ANIMAL SHELTER AND HUMANE		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
43		\$15	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
44		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$7	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
46_		\$35	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
47		\$5	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
48_		\$6	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE SOCIETY,	E ANIMAL SHELTER AND HUMANE		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 contributio	(d) ns Type of contribution
49			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
50		\$25	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$6	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
52			Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
53		\$7	, 312. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
54		\$7	,853. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE	ANIMAL SHELTER AND HUMANE		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
55		\$5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
56		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
57		\$5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
58			,138. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
59		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
60		\$5	,000. (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page 2
	rganization		Employer identification number
SANTA FE	E ANIMAL SHELTER AND HUMANE		85-6000484
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
61_		\$43,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
62		\$10,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
63		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023) Name of organization

OCIETY	ANIMAL SHELTER AND HUMANE		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
13	ESTATE BEQUEST THAT CONSISTED OF A 25% INTEREST IN NON-CASH ASSETS OF THE ESTATE.	_	
		\$3,582,8	<u>01/16/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23	PUBLICLY TRADED STOCK	_	
		\$13,9	<u>12/20/23</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
61	SCULPTURE	_	
		\$43,0	000. 12/07/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo received
62	SCULPTURE	_	
		\$10,0	000. 12/07/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		_	
		— _{\$}	

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Schedule B (Form 990) (2023)

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Page 3

Employer identification number

Done	4

	(Form 990) (2023)		Pag
Name of org	-		Employer identification number
	ANIMAL SHELTER AND HUMANE		
BOCIETY, Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	hthrough (e) and the following line ent charitable, etc., contributions of \$1,000 or l	85-6000484 ecction 501(c)(7), (8), or (10) that total more than \$1,000 for the year http:. For organizations r less for the year. (Enter this info. once.) \$
(a) Na	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-26-2	23		Schedule B (Form 990) (20)

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sign Envelope ID: FAC3.	4220-0742-4307	-7104-112774300137				
SCHEDULE C	Po	olitical Campaign a	ind Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Orga	anizations Exempt From Income	ations Exempt From Income Tax Under Section 501(c) and Section 527			2023
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form99					-EZ.	Open to Public Inspection
If the organization ans Section 501(c)(3) org Section 501(c) (othe Section 527 organiz If the organization ans Section 501(c)(3) org Section 501(c)(3) org If the organization ans Tax) (see separate inst	wered "Yes" on ganizations: Comp r than section 50 ations: Complete wered "Yes" on ganizations that h ganizations that h wered "Yes" on ructions), then:), or (6) organizat SANTA FE AN	Form 990, Part IV, line 3, or Forr plete Parts I-A and B. Do not com 11(c)(3)) organizations: Complete P Part I-A only. Form 990, Part IV, line 4, or Forr have filed Form 5768 (election und have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy ions: Complete Part III.	n 990-EZ, Part V, lin plete Part I-C. 'arts I-A and C below. n 990-EZ, Part VI, lin ler section 501(h)): Co n under section 501(h	e 46 (Political Camp Do not complete Par ne 47 (Lobbying Activ omplete Part II-A. Do r n)): Complete Part II-B	t I-B. vities), the not comple . Do not co 990-EZ, F	ities), then: en: ete Part II-B. omplete Part II-A. Part V, line 35c (Proxy r identification number
Part I-A Compl	SOCIETY, IN	ದ. anization is exempt under	r section $501(c)$	or is a section 52	7 organ	85-6000484
 Enter the amount of Enter the amount of Enter the amount of If the organization if Was a correction m b If "Yes," describe in Part I-C Compl Enter the amount of Total exempt function ad Total exempt funct line 17b Did the filing organ Enter the names, a made payments. For 	f any excise tax f any excise tax ncurred a section ade? Part IV. ete if the org irectly expended f the filing organ tivities ion expenditures ization file Form ddresses, and er or each organization	nployer identification number (EIN ion listed, enter the amount paid 1	r section 4955 s under section 4955 or this year? r section 501(c), ion 527 exempt funct er organizations for se d on Form 1120-POL,) of all section 527 pc from the filing organiz	except section { ion activities ection 527 plitical organizations to action's funds. Also er	\$	Yes No Yes No
		omptly and directly delivered to a s additional space is needed, provid			eparate se	gregated fund or a
(a) Namo	9	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er -0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

SANTA FE ANIMAL SHELTER AND HUMANE

5	SANTA FE A	ANTWAP	SHELTER AND HUMAN	NE		
	SOCIETY, I					000484 Page 2
Part II-A Complete if the orga	anization	is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
A Check if the filing organizat	tion belongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess le	obbying e	expenditures).			
B Check if the filing organizat	tion checked	box A ar	nd "limited control" pro	ovisions apply.	.	
	s on Lobbyi litures" mea	• •	nditures ınts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legisl	ative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1	b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	s (add lines 1	c and 1d)			
f Lobbying nontaxable amount. Ente	r the amount	t from the	e following table in botl	h columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
not over \$500,000,		20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,	,000,	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000,		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,0	00,000,		00 plus 5% of the exce			
over \$17,000,000,						
g Grassroots nontaxable amount (ent	er 25% of lin	ne 1f)				
h Subtract line 1g from line 1a. If zero or less, enter -0-						
i Subtract line 1f from line 1c. If zero		•				
j If there is an amount other than zer	o on either li				-	
reporting section 4911 tax for this y						Yes No
			eraging Period Under			
(Some organizations th	at made a s	ection 5		have to complete all o	of the five columns b	elow.
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 202	20	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and ha		85-60		Page 3
(election under section 501(h)).	s NOT fil	ed Form {	5768	
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			37,713
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		,
i Other activities?		X		
j Total. Add lines 1c through 1i				37,713
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х		,
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	NO
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2 000 or less? 			Yes	NO
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Yes	No
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the second secon	e prior year'	<mark>2</mark> ? 3		N0
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 	e prior year n 501(c)(2 2 3 5), or sec	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 	e prior year n 501(c)({ "No" OR	2 ? 3 5), or sec (b) Part II	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 	e prior year n 501(c)(t "No" OR	2 ? 3 5), or sec (b) Part II	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	e prior year n 501(c)(t "No" OR	2 ? 3 5), or sec (b) Part II	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 	e prior year n 501(c)({ "No" OR	2 3 5), or sect (b) Part II	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year 	e prior year' n 501(c)(f "No" OR cal	2 3 5), or sect (b) Part II <u>2</u> <u>2</u>	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 	e prior year n 501(c)(t "No" OR cal	2 3 5), or sect (b) Part II 1 2a 2b	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	e prior year n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 1 2a 2b 2c	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	e prior year n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 1 2a 2b 2c	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	e prior year n 501(c)(f "No" OR cal	2 3 5), or sect (b) Part II 1 2a 2b 2c	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polition and political estimate of nondeductible lobbying and political estimates of nondeductible lobbying and polit	e prior year n 501(c)(f "No" OR cal ess olitical	2 3 5), or sect (b) Part II 2a 2b 2c 3	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polytices next year? 	e prior year n 501(c)(f "No" OR cal ess olitical	2 3 5), or sect (b) Part II 2a 2b 2c 3 4	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polition and political estimate of nondeductible lobbying and political estimates of nondeductible lobbying and polit	e prior year n 501(c)(f "No" OR cal ess olitical	2 3 5), or sect (b) Part II 2a 2b 2c 3 4	tion	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politie expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 	e prior year' n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 2a 2b 2c 3 4 4	tion II-A, line	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information 	e prior year' n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 2a 2b 2c 3 4 4	tion II-A, line	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group nstructions); and Part II-B, line 1. Also, complete this part for any additional information. 	e prior year' n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 2a 2b 2c 3 4 4	tion II-A, line	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information 	e prior year' n 501(c)({ "No" OR cal	2 3 5), or sect (b) Part II 2a 2b 2c 3 4 4	tion II-A, line	

OUTLAYS

Schedule C (Form 990) 2023

332043 11-06-23

	SCHEDULE D Supplemental Financial Statements Form 990) 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.						OMB No. 1545-0047	
(Forr								
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Fo		ttach to Form 990. 0 for instructions ar	nd th	ne latest information.		Open to Public Inspection
Nam	e of the organizatio		R AND	HUMANE			Emp	loyer identification number
Pa	t L Organiza	SOCIETY, INC.	vieo	d Euroda ar Otha	- 6	imilar Eundo or A		85-6000484
Fai		answered "Yes" on Form 990, Part			13		CCOUII	IS. Complete if the
			,	(a) Donor ad	vise	d funds	(b) Fund	ds and other accounts
1	Total number at en	d of year						
2		contributions to (during year)						
3		grants from (during year)						
4		end of year						
5	-	n inform all donors and donor advise		-				
6		's property, subject to the organiza n inform all grantees, donors, and d						Yes No
6		ses and not for the benefit of the de						
	impermissible priva						U U	Yes No
Pa		tion Easements. Complete if						
1		rvation easements held by the orga						
	Preservation	of land for public use (for example,	recreat	tion or education)		Preservation of a his	torically	important land area
	Protection of	natural habitat				Preservation of a ce	tified his	toric structure
	Preservation	of open space						
2	•	hrough 2d if the organization held a	qualif	ied conservation con	tribu	ution in the form of a c	onservat	
	day of the tax year.							Held at the End of the Tax Year
a L		servation easements					2a Oh	
b c	-	cted by conservation easements ation easements on a certified histo					2b 2c	
d		ation easements included on line 20					20	
		re listed in the National Register					2d	
3		ation easements modified, transferr						during the tax
	year							
4	Number of states v	here property subject to conservati	on eas	ement is located				
5	-	on have a written policy regarding t	-		pect	ion, handling of		
-		rcement of the conservation easem						
6	Staff and volunteer	hours devoted to monitoring, inspe	cting, I	handling of violations	s, an	id enforcing conservat	ion easei	ments during the year
7	Amount of expense	 s incurred in monitoring, inspecting	hand	ling of violations, and	d en	forcing conservation e	asement	s during the year
-			,					
8	Does each conserv	ation easement reported on line 2d	above	satisfy the requirement	ents	of section 170(h)(4)(B)	(i)	
	and section 170(h)	4)(B)(ii)?						Yes No
9	In Part XIII, describ	how the organization reports cons	ervatio	on easements in its r	ever	nue and expense state	ment and	Ł
		include, if applicable, the text of the	footn	ote to the organization	on's	financial statements t	hat desc	ribes the
Pa		unting for conservation easements. tions Maintaining Collectio	ns of	Art Historical	[ro:	asures or Other	Similar	· Assats
ı a		he organization answered "Yes" or		•	1100		omnai	A33613.
1a		lected, as permitted under FASB A			reve	enue statement and ha	lance sh	eet works
14		sures, or other similar assets held f						
		Part XIII the text of the footnote to it						
b	If the organization	lected, as permitted under FASB A	SC 95	8, to report in its reve	enue	e statement and baland	ce sheet	works of
	art, historical treas	res, or other similar assets held for	public	exhibition, education	n, or	r research in furtherand	ce of pub	lic service,
	-	g amounts relating to these items.						
		ed on Form 990, Part VIII, line 1						\$
-	. ,							β
2		eceived or held works of art, histori					, provide	
а	-	nts required to be reported under F/ In Form 990, Part VIII, line 1		-			c	4
		n Form 990, Part VIII, line 1 Form 990, Part X						۳ ۶
		duction Act Notice, see the Instru						[•] Schedule D (Form 990) 2023
	09-28-23	· · · · · · · · · · · · · · · · · · ·						,, -
		- 1 0 0 0 6 5		40				

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^{2023.04010} SANTA FE ANIMAL SHELTER A A1930651

	SANTA FE AN	NIMAL SHELTER AN	D HUMANE						
Sche	dule D (Form 990) 2023 SOCIETY, IN						00484	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otł	ner Si	milar Asse	ts _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e signifi	icant use of its	5		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt j	ourpose in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other sim	ilar ass	ets			
	to be sold to raise funds rather than to be ma		<u>u</u>			[Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organization	answered "Yes"	on Forn	n 990, Part IV	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets r	not inclu	uded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII				_				
							Amour	ıt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe						Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	(d)	Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance	1,669,726.	1,850,220.	1,630,477	′ .	1,390,300. 796,08			
b	Contributions	2,500.	5,000.	1,000).	204,644	•	565,	,563.
с	Net investment earnings, gains, and losses	221,948.	-105,083.	288,809).	112,904	•	113,	,121.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	65,927.	80,411.	70,066	,066. 77,37		•	84,	,472.
f	Administrative expenses								
g	End of year balance	1,828,247.	1,669,726.	1,850,220).	1,630,477	. 1	,390,	300.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	52.5757	_%						
b	Permanent endowment 47.4243	%							
с	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	d administered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations?						. 3a(i)		X
									X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or ot	• • •			nulated	(d) Boc	ok valu	ie
		basis (investm	ient) basis (other)	deprec	iation			
1 a	Land								
b	Buildings		17	,417,883.		704,687.	5		,196.
С	Leasehold improvements			490,614.		474,123.			,491.
d	Equipment			789,369.		660,746.			,623.
e	Other			245,586.		239,336.			,250.
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part X	(. line 10c. column	(B))			5	,864,	560.

Schedule D (Form 990) 2023

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC. 85-6000484 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (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, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5)

(7) (8) (9)

(6)

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	153,149.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	153,149.

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 X

Schedule D (Form 990) 2023

332053 09-28-23

	SANTA FE ANIMAL SHELTER AND HUMANE				
Sche	dule D (Form 990) 2023 SOCIETY, INC.			85-6000	484 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	27,635,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	810,514.		
b	Donated services and use of facilities	. 2b	17,725.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	828,239.
3	Subtract line 2e from line 1			3	26,806,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,682.		
b	Other (Describe in Part XIII.)	4b	-21,863.		
с	Add lines 4a and 4b			4c	14,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	26,821,587.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	9,323,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	17,725.		
b	Prior year adjustments	2 b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	21,863.		
е	Add lines 2a through 2d			2e	39,588.
3	Subtract line 2e from line 1			3	9,284,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,682.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	36,682.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,320,793.
Pa	t XIII Supplemental Information				

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

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PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO EARN INCOME FOR THE SHELTER. THE

SHELTER MAY SPEND THE EARNINGS IN ANY MANNER DEEMED NECESSARY.

PART X, LINE 2:

THE SHELTER IS A NONPROFIT CHARITABLE CORPORATION AND HAS BEEN RECOGNIZED

AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE

SHELTER HAS ADOPTED GAAP, AS THEY RELATE TO UNCERTAIN TAX POSITIONS, AND

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.

332054 09-28-23

Schedule D (Form 990) 2023

gn Envelope ID: FAC3A220-6742-4507-A7B4-7F2AA45C013A			
SANTA FE ANIMAL SHELTER AND HUN	MANE	05 (000 10 1	
Society, INC. Part XIII Supplemental Information (continued)		85-6000484	Page
ART XI, LINE 4B - OTHER ADJUSTMENTS:			
OST OF GOODS SOLD REPORTED AS EXPENSE ON AUDITED FINANCIAL			
IMTS	-3,599.		
PECIAL EVENT EXPENSES REPORTED AS EXPENSE ON AUDITED			
INANCIAL STMTS	-18,264.		
DTAL TO SCHEDULE D, PART XI, LINE 4B	-21,863.		
ART XII, LINE 2D - OTHER ADJUSTMENTS:			
OST OF GOODS SOLD NETTED WITH REVENUE ON PAGE 9	3,599.		
PECIAL EVENT EXPENSES NETTED WITH REVENUE ON PAGE 9	18,264.		
DTAL TO SCHEDULE D, PART XII, LINE 2D	21,863.		
	,		

332055 09-28-23

SCHEDULE G	Suppleme	ities o	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 o						Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization	SOCIETY, I	NIMAL SHELTER AND HUMANE					85-600048	ntification number
Part I Fundrais	,	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1 [.]		
	complete this part				,,			
a Aail solicitat b Internet and c Phone solici d In-person so	tions email solicitations tations licitations	f Solicitat g Special	tion of tion of fundra	non-g gover iising	overnment grants nment grants events			
		or oral agreement with any individual art VII) or entity in connection with pr				tees,	or Yes	s No
	-	viduals or entities (fundraisers) pursua			e e	าe fur		
compensated at le	•	. , ,		0				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No				
						<u> </u>		
						<u> </u>		
						<u> </u>		
						<u> </u>		
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC. 85-6000484 Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through LC DINNER PUTTS FOR PAWS col. (c)) (event type) (event type) (total number) Revenue 88,937 10,500. 99,437. 1 Gross receipts 73,952 1,875. 75,827. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 14,985 8,625. 23,610. 4 Cash prizes 200 200. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 8,762. 13,082. 4,320, 7 Food and beverages 200 200. 8 Entertainment 3,676. 1,106. 4,782. 9 Other direct expenses 18,264. **10** Direct expense summary. Add lines 4 through 9 in column (d) 5,346. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2023 332082 09-13-23

		SHELTER AND HUMANE	
Schedule G (Form 990) 2023	SOCIETY, INC.		85-6000484 Page 3
		members?	Yes No
	•	ist, or a member of a partnership or other entity formed	
13 Indicate the percentage of gaming			Yes
			13a %
		he organization's gaming/special events books and reco	
Name			
Address			
15a Does the organization have a co	ntract with a third party fro	om whom the organization receives gaming revenue?	Yes No
 b If "Yes," enter the amount of gar of gaming revenue retained by th c If "Yes," enter name and addres 	ne third party \$		amount
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation	\$	_	
Description of services provided			
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
	er state law to make charit	table distributions from the gaming proceeds to	
retain the state gaming license?		······································	Yes No
b Enter the amount of distributions		to be distributed to other exempt organizations or spen	it in the
organization's own exempt activ		\$	
		xplanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also provide	e any additional information. See instructions.	
-			
			Sabadula 0 /Fauna 200) 0000
332083 09-13-23		17	Schedule G (Form 990) 2023

15420815 131839 A193065

47 2023.04010 SANTA FE ANIMAL SHELTER A A1930651 SANTA FE ANIMAL SHELTER AND HUMANE

Schedule G	G (Form 990)	SOCIETY, INC.	85-6000484	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		
			Schedule G	(Form 990)

332084 04-01-23

48 2023.04010 SANTA FE ANIMAL SHELTER A A1930651

SCH	EDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(For	m 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		202				
		Compensated Employees		ZU	ZJ)		
Departe	nent of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Name	of the organizatior	SANTA FE ANIMAL SHELTER AND HUMANE	Employer i	dentificatio	on nui	nber		
		SOCIETY, INC.	85-6	000484				
Par	t I Questions	s Regarding Compensation						
					Yes	No		
1a (Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
F	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re-	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)					
bl	f any of the boxes o	on line 1a are checked, did the organization follow a written policy regarding payment or						
r	eimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2 [Did the organizatior	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
t	rustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	ndicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	1					
(CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
e	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
L	X Compensation	committee Written employment contract						
	Independent c	ompensation consultant I Compensation survey or study						
L	Form 990 of of	ther organizations	ommittee					
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
C	organization or a rel	lated organization:						
		e payment or change-of-control payment?			Х			
	-	eive payment from a supplemental nonqualified retirement plan?				X		
	•	eive payment from an equity-based compensation arrangement?		4c		X		
ľ	f "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only and the FORM							
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	П					
	contingent on the re			5-		x		
		ntion?				X		
		ation?		<u>5b</u>				
		r 5b, describe in Part III.						
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section o	n					
	contingent on the n			6.		x		
						X		
		ation?		<u>6b</u>		•		
		r 6b, describe in Part III.						
	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x		
		es 5 and 6? If "Yes," describe in Part III		7				
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v		
				8	_	X		
		d the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
For P	aperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023		

LHA 332111 11-06-23

SANTA FE ANIMAL SHELTER AND HUMANE

INC.

Schedule J	(Form 990) 2023	SOCIETY

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.

85-6000484

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)	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)	113,500.	0.	100,000.	4,570.	4,996.	223,066.	0
CEO (THRU 7/23)	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

SANTA FE ANIMAL SHELTER AND HUMANE

Schedule J (Form 990) 2023 SOCIETY, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JOHN HAGERMAN (CEO) RECEIVED A COMPENSATION PACKAGE OF \$100,000 UPON

LEAVING THE ORGANIZATION.

Schedule J (Form 990) 2023

85-6000484

Page 3

SC	HEDULE	м		Nonc	ash Contri	butions		1	OMB No. 1	545-004	17
(Fo	rm 990)							20	7 7	2	
			Complete if the or	ganizations	answered "Yes" o	n Form 990, Part IV, lines 2	29 or	30.	20	ZJ)
	ment of the Tre I Revenue Serv				Attach to Form 9				Open to		ic
			Go to www.irs.gov/Form990 for instructions and the latest information.							ction	
Name	e of the org	anization		HELTER ANI	D HUMANE			Employer i			nber
Par	tl Tv	nes of l	SOCIETY, INC.					0	5-600048	4	
1 0		pes 01 1	Toperty	(a)	(b)	(c)			(d)		
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method noncash cor	of determin		S
1	Art - Work	s of art		Х	2	53,000.	FMV				
2	Art - Histo	rical treas	ures								
3			ests								
4			ons								
5			hold goods								
6			cles								
7											
8											
9			traded		3	15,093.	FMV				
10			held stock								
11			ship, LLC, or								
	trust intere										
12	Securities										
13			on contribution -								
	Historic st										
14			on contribution - Other								
15			ntial								
16 17			ercial								
17 18											
19											
20			supplies								
21											
22											
23			s								
24	Archeolog										
25	Other		E BEQUEST)	X	1	3,582,809.	FMV				
26	Other	(SUPPLI	ES)	Х	190	22,592.	FMV				
27	Other	(FUNDRA	AISING ITE)	Х	15	7,495.	FMV				
28	Other	(OFFICE	E EQUIPMEN)	Х	24	3,300.	FMV				
29	Number o	f Forms 82	283 received by the orgar	nization during	g the tax year for co	ontributions					
	for which	the organi	zation completed Form 8	283, Part V, D	Oonee Acknowledge	ement 29				0	
										Yes	No
30a	During the	e year, did	the organization receive	by contributic	on any property rep	orted in Part I, lines 1 throug	gh 28	, that it			
					ntribution, and whi	ch isn't required to be used	for				
			r the entire holding period	d?					<u>30a</u>		X
	b If "Yes," describe the arrangement in Part II.										
31						of any nonstandard contribu	tions	<i>'</i>	31	X	
32a		•	on hire or use third parties	s or related or	ganizations to solic	cit, process, or sell noncash					v
_	contributio								<u>32a</u>		X
	lf "Yes," d						. I				
33			ion't report an amount in	column (c) fo	r a type ot property	for which column (a) is che	cked,				
F = ~ 5	describe i		n A at Nation and the 1	du allar - f				0.1	10 M /	- 000	
FORF	aperwork	Reductio	n Act Notice, see the Ins	suructions for	r Form 990.			Schedi	ule M (Forn	n 990)	2023

usign Envelope ID. 1 ACSA220-0742-4307-A7D4-71 2AA43C013A	
SANTA FE ANIMAL SHELTER AND HUMANE	
Schedule M (Form 990) 2023 SOCIETY, INC. Part II Supplemental Information. Provide the information required by Part I, lines 30b is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	85-6000484 Page 2 b, 32b, and 33, and whether the organization ved, or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
COLUMN B REPRESENTS A COMBINATION OF ITEM AND CONTRIBUTION COUNTS.	
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 \$970,000.	

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.)-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization		1	identification number
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:		
THE SANTA FE ANIMA	L SHELTER IS THE LARGEST ANIMAL SHELTER AND CARE		
FACILITY IN NORTHE	RN NEW MEXICO. THROUGH OUR VARIOUS PROGRAMS, WE SERVE		
MORE THAN 25,000 L	OST, STRAY, ABANDONED, INJURED AND OWNED ANIMALS EACH		
YEAR. WE RECEIVE N	EARLY ALL OF OUR FUNDING THROUGH PRIVATE DONORS. THE		
SHELTER CONTRACTS	WITH THE CITY AND COUNTY OF SANTA FE TO CARE FOR		
HOMELESS & STRAY A	NIMALS, 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		
THE CITY AND COUNT	Y AREAS. IN 2023, WE TOOK IN 3,177 LOST OR HOMELESS		
ANIMALS AND MAINTA	INED A LIVE RELEASE RATE OF 94.6%.		
EVERY ANIMAL RECEI	VES MEDICAL ATTENTION THROUGH OUR SHELTER CLINIC		
RANGING FROM VACCI	NATIONS AND SPAY/NEUTER SERVICES TO ACUTE CARE FOR		
TRAUMA AND CRUELTY	CASES. ONCE AN ANIMAL IS MEDICALLY CLEARED, OUR		
BEHAVIOR DEPARTMEN	T STEPS IN, ENSURING THE ANIMAL'S STAY AT THE SHELTER		
IS ENRICHED THROUG	H A VARIETY OF PROGRAMS THAT ARE ESSENTIAL IN HELPING		
OUR ANIMALS FIND T	HE BEST MATCHES POSSIBLE. THE ADOPTION TEAM WORKS		
WITH POTENTIAL ADC	PTERS TO MAKE SUCCESSFUL MATCHES AND FOUND NEW HOMES		
FOR 2,138 ANIMALS	IN 2023.		
OUR VOLUNTEERS PRO	VIDED MORE THAN 51,500 HOURS IN 2023, CONTRIBUTING		
INVALUABLE HELP AC	ROSS MANY DEPARTMENTS.		
	CATORS CONTRIBUTED A COMBINED TOTAL OF 79 VOLUNTEER on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023

LHA 332211 11-14-23

54

Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.	Employer identification number 85-6000484
SOCIETI, INC.	05-0000404
HOURS.	
FOR 2023, THE SCHOOL YEAR RETURNED TO NORMAL WITH MORE REQUESTS AND	
PRESENTATIONS THAN IN 2022. IN ADDITION TO TIME SPENT IN THE	
CLASSROOM, MORE REQUESTS NECESSITATED MORE ADMINISTRATIVE TIME SPENT	
WITH SCHEDULING, MEETINGS AND REPORTS REQUIRED BY THE CARING KIDS	
PROGRAM . VOLUNTEER TIME INCLUDES CLASSROOM AND LIBRARY PRESENTATIONS,	
ZOOM PRESENTATIONS, SHELTER TOURS, MEETINGS WITH NM WILDLIFE CENTER	
EDUCATORS AND CREATING ADMINISTRATIVE REPORTS FOR THE CARING KIDS	
PROGRAM. FOR THE 2023 SCHOOL YEAR, WE GAVE THIS PROGRAM AT THREE	
DIFFERENT SCHOOLS TO A TOTAL OF ABOUT 75 STUDENTS. SINCE 2018, THE	
CARING KIDS PROGRAM (TAUGHT IN PARTNERSHIP WITH NM WILDLIFE CENTER) HAS	
REACHED 12 SCHOOLS AND OVER 550 STUDENTS.	
IN 2023 WE ALSO PARTICIPATED IN HOLIDAY DRIVES IN WHICH THE STUDENTS	
COLLECTED AND DONATED FOOD, TOYS ETC. FOR THE SHELTER ANIMALS.	
DURING 2023 WE HAD OVER 45 REGISTERED PET OUTREACH VOLUNTEER	
HUMAN-ANIMAL TEAMS PROVIDING ANIMAL ASSISTED ACTIVITIES, INCLUDING THE	
WORDS & WAGS READING TO DOGS PROGRAM AND ASSISTING WITH THE HUMANE	
EDUCATION PROGRAM. ANIMAL ASSISTED ACTIVITIES ARE PROVIDED TO	
ORGANIZATIONS THROUGHOUT THE SANTA FE AREA, AND ANIMAL ASSISTED THERAPY	
IS ALSO PROVIDED AT SELECT FACILITIES. ORGANIZATIONS SERVED INCLUDE	
SCHOOLS, COLLEGES, LIBRARIES, HOSPITALS, RETIREMENT HOMES, SENIOR	
SERVICES, AND HOSPICE ORGANIZATIONS.	

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE	Page 2 Employer identification number
SOCIETY, INC.	85-6000484
IN 2022, SANTA FE ANIMAL SHELTER LAUNCHED THE CASA PROGRAM COMMUNITY	
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 FAMILIES WITH FREE SPAY/NEUTER SURGERY, PET	
FOOD, UNEXPECTED VETERINARY BILLS, HELP WITH FEES INCURRED BY CITY OR	
COUNTY ORDINANCES, VACCINATIONS, ID TAGS, MICROCHIPPING, PET LICENSING,	
PET HOUSING, AND PROTECTION FOR PETS SUCH AS STRAW. IN 2023 WE WERE	
EXCITED TO ADD IN GOODPUP TRAINING SCHOLARSHIPS, ENRICHMENT, AND PET	
DEPOSIT ASSISTANCE TO HELP PET OWNERS IN SANTA FE KEEP THEIR PETS	
HAPPY, HEALTHY, AND AT HOME.	
2023 CASA STATISTICS: 1,157 PETS WERE HELPED WITH CASA ASSISTANCE!	
\$53,256 IN VETERINARY/MEDICAL FEES WERE COVERED ACROSS 269 MEDICAL	
APPOINTMENTS AND \$16,652 WAS COVERED FOR SPAY/NEUTER/VACCINE	
ASSISTANCE. IN ADDITION, \$15,322 IN SHELTER, CITY, AND COUNTY FEES WERE	
COVERED IN ORDER FOR 90 IMPOUNDED PETS TO RETURN HOME TO THEIR FAMILY	
AND 44,127 LBS OF FOOD WAS DISTRIBUTED TO PETS IN NEED.	
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:

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page
Name of the organization SANTA FE ANIMAL SHELTER AN SOCIETY, INC.	ND HUMANE	Employer identification number 85-6000484
THE BOARD OF DIRECTORS, DURING EXECUTIVE SESSI	ON, REVIEW THE PERFORMANCE	
AND DETERMINE THE COMPENSATION OF THE CEO BASE	D UPON THIS REVIEW AND THE	
FINANCIAL CONDITION OF THE SHELTER. IN MAKING	THIS DECISION THE BOARD	
CONSIDERS THE COMPENSATION OF CEO'S AT SIMILAR		
AND DECISION AS TO THE CEO'S COMPENSATION IS D		
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 REC	EIVING COPY OF FORM 990:	
NM,AL,AR,CA,FL,GA,HI,IL,KS,KY,ME,MD,MA,MN,MS,N	H,NJ,NY,NC,ND,OR,PA,RI,SC,TN	
UT,VA,WV,WI		
FORM 990, PART VI, SECTION C, LINE 19:		
THE SHELTER MAKES ITS FINANCIAL STATEMENT AND	OTHER ORGANIZING DOCUMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDIT	ION, AN ANNUAL REPORT IS	
PREPARED THAT PROVIDES FINANCIAL ACTIVITY HIGH	LIGHTS.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIO	NAL EXPENSES:	
COMMUNITY SUPPORT:		
PROGRAM SERVICE EXPENSES	77,577.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	77,577.	
FUNDRAISING EXPENSE:		
PROGRAM SERVICE EXPENSES	0.	
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES		Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page 2
Name of the organization SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.		Employer identification number 85-6000484
TOTAL EXPENSES	55,700.	
IN-KIND EXPENSE:		
PROGRAM SERVICE EXPENSES	37,231.	
MANAGEMENT AND GENERAL EXPENSES	989.	
FUNDRAISING EXPENSES	9,085.	
TOTAL EXPENSES	47,305.	
MISCELLANEOUS:		
PROGRAM SERVICE EXPENSES	8,968.	
MANAGEMENT AND GENERAL EXPENSES	65.	
FUNDRAISING EXPENSES	752.	
TOTAL EXPENSES	9,785.	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	190,367.	
332212 11-14-23 58		Schedule O (Form 990) 2023

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Form 8868 (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
Part I - Io	dentification			-				
Type or Print	Name of exempt organization, employer, or other filer, SANTA FE ANIMAL SHELTER AND HUMANE	Taxpayer	Taxpayer identification number (TIN)					
	SOCIETY, INC.				85 - 6000484			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 100 CAJA DEL RIO ROAD	ee instruct	ions.					
instructions.	urn. See							
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			. 01		
Applicat	on Is For	Return Code	Application Is For			Return Code		
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09		
	20 (individual)	03	Form 5227			10		
Form 990		03	Form 6069			11		
)-T (sec. 401(a) or 408(a) trust)	04	Form 8870			12		
)-T (trust other than above)	05	Form 5330 (individual)			13		
)-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104		07				14		
	ou enter your Return Code, complete either Part II or Part		I including signature is applicable o	only for an	extension of			
	e Form 5330.	. m. r arc n		ing for an				
	pplication is for an extension of time to file Form 5330, ye	ou must ei	nter the following information.					
	n Name		5					
	n Number							
Pla	n Year Ending (MM/DD/YYYY)							
Part II - A	utomatic Extension of Time To File for Exempt Organi	izations (s	see instructions)					
The b	poks are in the care of LINDA MOORE, CPA							
	100 CAJA DEL RIO ROAD - S	SANTA FE	, NM 87507					
Telepł	none No. 505-983-4309		Fax No					
• If the	organization does not have an office or place of business	in the Uni	ited States, check this box					
 If this 	is for a Group Return, enter the organization's four-digit C	Group Exe	mption Number (GEN)	If this is fo	r the whole group, o	heck this		
	. If it is for part of the group, check this box							
1 Ire	quest an automatic 6-month extension of time until NO	VEMBER 1	15, 20 <u>24</u> _, to file	e the exem	pt organization retu	Irn for		
the	organization named above. The extension is for the orga	anization's	return for:					
x	calendar year 20 23 or							
	tax year beginning	, 20	, and ending		, 20)		
2 If t	ne tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n			
	Change in accounting period							
3a lftl	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less					
	/ nonrefundable credits. See instructions.			<u>3a</u>	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					•		
	imated tax payments made. Include any prior year overpa			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your pa				•	0		
usi	ng EFTPS (Electronic Federal Tax Payment System). See	Instructio	ns.	3c	\$	0.		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.