

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3) 220(e) 530(a)
 408(e) 529(a)
 408A

C Book value of all assets at end of year
16,396,594

D Employer identification number (Employees' trust, see instructions)
85-6000484

E Unrelated business activity code (See instructions)
900099

Name of organization (Check box if name changed and see instructions)
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY, INC.

Number, street, and room or suite no. If a P.O. box, see instructions
100 CAJA DEL RIO ROAD

City or town, state or province, country, and ZIP or foreign postal code
SANTA FE NM 87507

F Group exemption number (See instructions) **1**

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses **1** Describe the only (or first) unrelated trade or business here
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

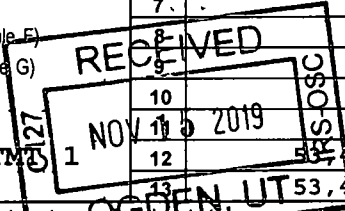
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of **LAURA PARKER** Telephone number **505-983-4309**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule) SEE STATEMENT 1	12		53,469
13	Total. Combine lines 3 through 12	13		53,469

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	19,480
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	1,461
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	1,468
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 2	28	31,809
29	Total deductions. Add lines 14 through 28	29	54,218
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-749
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-749



Handwritten initials and numbers: 090, 22

Form 990-T (2018) **SANTA FE ANIMAL SHELTER AND HUMANE 85-6000484**

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country here	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer: [Signature] Date: 11/14/19 Title: **DIRECTOR OF FINANCE**

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

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JAMES M. HAYNES	JAMES M. HAYNES	10/29/19	self-employed	P00075331
Firm's name	Firm's EIN			
PULAKOS CPAS, PC	85-0219147			
Firm's address	Phone no			
5921 JEFFERSON ST NE ALBUQUERQUE, NM 87109	505-338-1500			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1 Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T	Schedule M Charitable Contribution and Loss Calculation	2018
Description ESTATE SALE		
Name SANTA FE ANIMAL SHELTER AND HUMANE		Taxpayer Identification Number 85-6000484
Unincorporated Business Income Tax Code 900099 Activity OTHER UNRELATED BUSINESS ACTIVIT		

Worksheet 1 Activity Charitable Contribution Deduction		
1 Activity Income (Schedule M, Line 13, col C)	1	53,469
2 Activity Expense (does not include amount needed for Line 20)	2	54,218
3 Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10%)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	749
5 Total loss carried forward to 2019	5	749

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount			0		0
Charitable Contribution Carryover Available To Next Year					0

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
ESTATE SALE	\$ 53,469
TOTAL	\$ <u>53,469</u>

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
ESTATE SALE EXPENSES	\$ 31,730
CONTRACT LABOR	79
TOTAL	\$ <u>31,809</u>

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	\$ 123,084	\$ 44,368	\$ 78,716	\$ 0
	\$ 123,084	\$ 44,368	\$ 78,716	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK AND CREDIT CARD FEES	\$ 64,589	\$ 59,439	\$ 1,207	\$ 3,943
REPAIRS & MAINTENANCE	61,926	60,872	705	349
FUNDRAISING EXPENSES	34,112	7,116		26,996
MISCELLANEOUS EXPENSE	36,182	22,868	2,057	11,257
TOTAL	\$ 196,809	\$ 150,295	\$ 3,969	\$ 42,545

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
PUBLIC SUPPORT	\$ 1,791,617
BARKIN' BALL	41,152
CASH CONTRIBUTION	\$ 1,832,769
TOTAL	

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM FEES	\$ 2,104,732
GOV. AGENCY CONTRACTS	413,951
INVENTORY SALES	1,241,216
RESIDENTIAL RENTAL PROPERTY	
TOTAL	\$ 3,759,899

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2014	2015	2016	2017	2018
BILL THORNTON	\$	\$	\$	\$	\$
CAREN SHIOZAKI					5,350
LAURA PARKER					5,435
THE ALLENE & JEROME LAPIDES					5,100
RODDEY BURDINE	1,000	1,100	1,100	400	20,000
CLARE HERTEL	100				
ALLENE LAPIDES	37,983			10,500	
TREY JORDAN	1,200	500			
MARY KEHOE					
LAURA PARKER	1,200	1,000	375	3,450	
LETA WORTHINGTON	400		1,480	6,632	
JAN BALLEW	5,376		130	1,665	
ROBERT & BARBARA BASLER	2,271	1,950	230	2,475	
MARY MARTIN			2,290	2,295	1,460
CAREN SHIOZAKI			6,000	4,307	
JENNIFER STEKETEE			1,000	6,500	2,900

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)

Donor Name	2014	2015	2016	2017	2018
BILL SYNNAMEON	\$	\$	\$ 1,300	\$ 180	\$
BILL THORNTON				9,500	
CARL TRUJILLO				600	
MICHELE COOK				36,500	
MARY & TIMOTHY MITCHELL				1,165	4,790
BILL SYNNAMEON & JAN BALLEW					4,610
TOTAL	\$ 49,530	\$ 4,550	\$ 14,155	\$ 86,169	\$ 49,645

Federal Statements

FYE: 12/31/2018

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SANTA FE COUNTY	\$	\$
2018	219,370	161,326
2017	212,865	159,435
2016	158,432	107,589
CITY OF SANTA FE		
2018	188,701	130,657
2017	187,287	133,857
2016	135,199	84,356
KAREN & STEPHEN BERSHAD		
2015	51,892	3,784
DOROTHY & JOSEPH MOLLER FUND		
2014	54,002	11,554
ROBIN SOMMER		
2015	61,892	13,784
ESTATE OF HAROLD WIT		
2015	51,892	3,784
TOTAL	\$ <u>1,321,532</u>	\$ <u>810,126</u>

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Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 211,554
ROYALTIES	209
TOTAL	<u>\$ 211,763</u>

Schedule A, Part III, Line 10b

Description	Amount
ESTATE SALE	\$ 53,469
LESS: DEDUCTIONS	-55,218
TOTAL	<u>\$ -1,749</u>

Schedule A, Part III, Line 11

Description	Amount
LESS: LOSS FROM LINE 10B	\$ -1,749
TOTAL	<u>\$ -1,749</u>

Federal Statements

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
ESTATE SALE EXPENSES	\$ 31,730
CONTRACT LABOR	79
TOTAL	<u>\$ 31,809</u>