Form	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990

it may be made public. Open to P twww.irs.gov/form990. Inspect

OMB No. 1545-0047

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A	For the	e 2015 calendar year, or tax year beginning , 2015, and end	ng		, 20								
В	Check if	f applicable: C Name of organization Animal Welfare Coalition of Northeastern New Mexico		D Employer identification number									
	Address	s change Doing Eusiness as			26-3140054								
	Name c	hange Number and street (or P.O. box if mail is not delivered to street address) Room/s	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephor										
	Initial ref	turn 1680 N Grand Ave			505 426-3289								
	Final retu	Im/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amende	ed return Las Vecias, NM 87701-4841		G Gross re	eceipts \$	209,811							
	Applicat	tion pending F Name and address of principal officer: Marshall Poole	H(a) Is this a g	roup return for	subordinates? Yes	✓ No							
		2707 8th St, Las Vegas, NM 87701-5023	H(b) Are all	subordinate	s included? 🗌 Yes	No							
1	Tax-exe	mpt status: 🗹 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527	If "N	lo," attach a	a list. (see instructio	ns)							
J	Website	e: animalwelfarenewmexico.org	H(c) Group	exemption	number 🕨								
К	Form of	organization: ✓ Corporation Trust Association Other ► L Year of form	ation: 2008	M State	of legal domicile:	NM							
P	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities: Operative of the organization	te an animal	shelter fo	r the City of Las	Vegas							
Governance		and the County of San Miguel, New Mexico to reduce animal suffering from cruelty	and neglect.	Provide fe	eline trap-neuter	-return							
nar		program for feral cats. Provide animal-related vaccinating, spay/neuter, euthanasic				munity.							
ver	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed			its net assets.								
ß	3	Number of voting members of the governing body (Part VI, line 1a)				8							
م ې د	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 5							
itie	5	······································				13							
Activities &	6	Total number of volunteers (estimate if necessary)		and the second division of the second divisio		50							
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12											
	b	Net unrelated business taxable income from Form 990-T, line 34		7b									
			Prior Y	ear	Current Ye	ear							
a	8	Contributions and grants (Part VIII, line 1h)	183,813			181,397							
Revenue	9	Program service revenue (Part VIII, line 2g)		17,548		28,414							
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)											
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,884									
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		203,245		209,811							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)											
	14	Benefits paid to or for members (Part IX, column (A), line 4)		~~~~~		100.007							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		80,008		100,237							
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		4									
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		100 503		00.000							
-	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		106,537		93,323							
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		186,545		193,560							
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of C	16,700 urrent Year	End of Ye	16,251 ar							
Net Assets or		Table and the United 10				83,546							
Sset	20	Total assets (Part X, line 16)		68,128									
let A	21	Total liabilities (Part X, line 26)		281		-552							
		Net assets or fund balances. Subtract line 21 from line 20		67,847	I	84,098							
P	art II	Signature Block											

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

Sign Here	Signature of officer Signature officer Signature of officer Signature		Ria	-	Date ///	15-16
Paid	Print/Type preparer's name	Preparer's signature	Ŵ	Date 13N		if PTIN /ed P01471226
Preparer Use Only	Firm's name Goodwin, Inc		C	/	Firm's EIN ►	85-0390537
	Firm's address > PO Box 2999, Las Veg discuss this return with the preparer	<u>aś, NM 87701-2999</u> shown above? (se	e instruc	tions)	Phone no.	575 760-4844 Yes . No
	rk Reduction Act Notice, see the separa	and the second		Cat. No. 11	282Y	Form 990 (2015)

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Part		plishments		
	Check if Schedule O contains a response	or note to any line in this Part III .		🔲
1	Briefly describe the organization's mission:			
	Operate an animal shelter for the City of Las Vegas	and the County of San Miguel, New Mexico	o to reduce animal	suffering from cruelty
	and neglect. Provide feline trap-neuter-return progr cremations, and more, for the community.	am for feral cats. Provide animal-related	accinating, spay/r	euter, euthanasions,
	cremations, and more, for the community.			
2	Did the organization undertake any significant pr	ogram services during the year which w	vere not listed on	the
	prior Form 990 or 990-EZ?			Yes 🗹 No
	If "Yes," describe these new services on Schedul			
3	Did the organization cease conducting, or ma	ke significant changes in how it con	ducts, any progr	am
	services?		• • • • • •	· Yes 🗸 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service acc	omplichments for each of its three lars		
-	expenses. Section 501(c)(3) and 501(c)(4) organized	zations are required to report the amou	est program servi	ces, as measured by
	the total expenses, and revenue, if any, for each	program service reported.	int or grants and	anocations to others,
4a	(Code:) (Expenses \$117,116	including grants of \$	(Revenue \$	117,116)
	Operate animal shelter for the City of Las Vegas and	the County of San Miguel, New Mexico.	look in 1,967 anim	als. 268 animals were
÷.	adopted, 1,162 transfered to Colorado & 199 were re			l, dewormed and
	received any necessary veterinary care. All 268 ani	mals which were adopted were spayed or	neutered.	
	72		8	
4b	(Code:) (Expenses \$ 19,078	including grants of \$	(Revenue \$	19,078)
	Trap/neuter/return program for feral cats: 340 cats v	vere spayed or neutered & returned their o	utdoor habitat.	
			· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$	including grants of \$	(Revenue \$)
			·	
4d	Other program services (Describe in Schedule O.			
Ac	(Expenses \$ including grants of \$)	
4e	Total program service expenses 🕨	136,194		

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Part	V Checklist of Required Schedules	-		age
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		1
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		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	•	1
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		1
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		1
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		1
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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified percent during the upper 2 (f (Vag " a percent during the upper 2 (f (Va			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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.			1
06		25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	00		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		v
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		•
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			-
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
00	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	00		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		1
.	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		v
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55 a		•
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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		1
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			age
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		v	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .		•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	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?			,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		~
	gifts were not tax deductible?	Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966? . . . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . .	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part		elow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul	e O. See in	structi	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI			1
Secti	on A. Governing Body and Management			
1.	False the surplus of a line of the second seco		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of action and the induction in the first state of the			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	5		
	any other officer, director, trustee, or key employee?	· 2		
3	Did the organization delegate control over management duties customarily performed by or under the d	irect	1	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			1
6	Did the organization have members or stockholders?	. 6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint		
	one or more members of the governing body?	· 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb			
8	stockholders, or persons other than the governing body?	· 7b		1
0	Did the organization contemporaneously document the meetings held or written actions undertaken du the year by the following:	ring		
а	The governing body?	0-		
b	Each committee with authority to act on behalf of the governing body?	. 8a . 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache		V	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	. 9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal F	evenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	m? 11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a	V	
c			~	
U	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y describe in Schedule O how this was done.	es, 12c	1	
13	Did the organization have a written whistleblower policy?	. 13		1
14	Did the organization have a written document retention and destruction policy?	. 14		1
15	Did the process for determining compensation of the following persons include a review and approva			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?		
а	The organization's CEO, Executive Director, or top management official	. 15a	1	
b	Other officers or key employees of the organization	. 15b	1	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen with a taxable entity during the year?			•
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	· 16a		✓
5	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	organization's exempt status with respect to such arrangements?	· 16b		
Section	on C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	ection 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest	policy	, and
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd records	: ►	
	John D Goodwin, Goodwin, Inc, PO Box 2999, Las Vegas, NM 87701-2999 - 575 760-4844		000	

1 0111 000 (201	Pa	age /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)					
(A)	(B)		Position				(D)	(E)		
Name and Title	Average		(do not check more than one					(E)	(F)	
Name and The	hours per		box, unless person is both an officer and a director/trustee)				Reportable Reportable compensation f		Estimated amount of	
	week (list any							from	related	other
	hours for related	or div	nstit	Officer	ley	ligh	Former	the	organizations	compensation
	organizations	idua	utic	er	emp	est	ler	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	eon		(and related
	line)	uste	trus		ee	Iper				organizations
		ě	stee			Highest compensated employee				
						_				
(1) Marshall Poole	10									
President & Director		1		1				-0-	0-	-0-
(2) Joel Pikarsky	1									
Vice-president & Director		1		1				-0-	-0-	-0-
(3) Carmen Holguin	2									
Secretary & Director		1		1				-0-	-0-	-0-
(4) Cyn Riley	1									*****
Director		1						-0-	-0-	-0-
(5) Irene Kranenburg	1									
Director		1						-0-	-0-	-0-
(6) Angelica Romero	40									
Director & Shelter Staff		1						11,286	-0-	-0-
(7) Eric Benavidez	20									
Director & Shelter Staff		1						6,239	-0-	-0-
(8) Martina Holguin	40									
Director & Shelter Executive Director		1				1		41,301	-0-	-0-
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
<u></u>										
	and the second									000

Form 9	90 (2015)											Page 8
Part	VII Section A. Officers, Directors,	Trustees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees	continu	
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck s pe d a d	rson	e than c is both pr/trust	an	(D) Reportable compensation from	(E) Reportati compensatio related	n from	(F) Estimated amount of
×		hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-M	ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)				_								
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total											
c d	Total from continuation sheets to Total (add lines 1b and 1c)	Part VII, Sectio				 			58,826			
2	Total number of individuals (including reportable compensation from the or	g but not limited		ose	list	ed a	above) w		ore than \$1	00,000) of
3	Did the organization list any forme employee on line 1a? If "Yes," comp	er officer, direc						mp	loyee, or high		ensated	
4	For any individual listed on line 1a, i organization and related organization individual	s the sum of report	oortat an \$1	ole (50,	com 000	per ? If	satio		nd other comp	ensation fr		
5	Did any person listed on line 1a rece for services rendered to the organiza	ive or accrue co	mper	nsat	ion	fror				ation or inc		1
Sectio	on B. Independent Contractors		empi		0011	ouu						5 🗸
1	Complete this table for your five high compensation from the organization year.											
	(A) Name and busines	ss address							(B) Description of s	ervices		(C) Compensation
None												
2	Total number of independent cont received more than \$100,000 of com							th	ose listed abo	ove) who		

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Par	t VIII	Statement of Reve							
		Check if Schedule C	contains	a res	ponse or note t	o any line in this	s Part VIII		🗖
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a					
Gra	b	Membership dues .		1b]			
Am Am	C	Fundraising events .		1c					
Gif	d	Related organizations		1d					
ns, Sim	e	Government grants (con		1e	140,200				
er	f	All other contributions, g							
Oth		and similar amounts not inc		1f	41,197				
no h	g	Noncash contributions includ							
	h	Total. Add lines 1a-1	f		Business Code	181,397			
Program Service Revenue	2a	Animal Shelter Service	6						
Sev	b	Animal Shelter Service	5		812910	28,414	28,414		
ce	c								
ervi	d								
mS	e								
gra	f	All other program ser							
Pro	g	Total. Add lines 2a-2				28,414			
	3	Investment income	(including	divid	ends, interest,			[
		and other similar amo	ounts) .		.				
	4	Income from investment	t of tax-exer	npt bo	ond proceeds >				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or (
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other				
	h	Less: cost or other basis							
	b	and sales expenses .							
		Gain or (loss)							
	c d	Net gain or (loss)						•	
	u	Net gain of (1085) .		• •	🕨				
ne	8a	Gross income from fu	ndraising						
/en		events (not including \$							
Sev		of contributions reporte	d on line 1						
er		See Part IV, line 18 .							
Other Revenue	b	Less: direct expenses							
Ŭ	С	Net income or (loss) fi			events . 🕨				
	9a	Gross income from ga							
		See Part IV, line 19 .		a					
		Less: direct expenses							
		Net income or (loss) fi			vities 🕨				
	10a	Gross sales of in							
		returns and allowance							
	b	Less: cost of goods sold b			•				
	C	Net income or (loss) fi		of inve					
	4.4	Miscellaneous R	evenue		Business Code				
	11a								
	b								
	c d	All other revenue							
	e	Total. Add lines 11a-			•				
	12	Total revenue. See in				209,811	28,414		
						203,011	20,414		L

Par	TIX Statement of Functional Expenses				Page IU
Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns.	All other organization	ns must complete c	olumn (A).
0	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX		[]
8b, 9l	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	• (C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	61,826	20,525	41,301	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,938	24,242	5,696	
9	Other employee benefits				
10	Payroll taxes	8,473	3,766	4,707	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting			•	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,215		1,215	
12	Advertising and promotion				
13	Office expenses	1,967	433	1,534	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	932	932		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	375		375	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		5,670	3,132	2,538	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Veterinary Services	54 007			
b	Kennel Supplies	51,967	51,967	•	
c	Medical Supplies, Vaccines	13,459	13,459		
d	Microchins	17,103	17,103 635		
e	All other expenses	035	035		
25	Total functional expenses. Add lines 1 through 24e	193,560	136,194	57,366	
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)	199,000	130,134	37,300	

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Total liabilities and net assets/fund balances . . .

Part X Balance Sheet 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 43,328 1 58,746 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disgualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 6 7 7 Inventories for sale or use 8 . 8 Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 24,800 b Less: accumulated depreciation . . . 10b 10c 24,800 24,800 Investments-publicly traded securities 11 11 Investments-other securities. See Part IV, line 11 . 12 12 13 Investments-program-related. See Part IV, line 11 . . 13 14 Intangible assets 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 68,128 83,546 Accounts payable and accrued expenses 17 17 281 -552 18 Grants payable 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 281 -552 Organizations that follow SFAS 117 (ASC 958), check here ► 🖉 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 67,847 27 84,098 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔲 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 67,847 84,098

Page 11

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83,546

68.128

34

Page 12 Page 12 Check if Schedule 0 contains a response or note to any line in this Part XI □ 1 Total evenue (must equal Part VIII, column (A), line 12). 1 2008.811 2 Total evenue (must equal Part IX, column (A), line 25). 1 2008.811 3 Revenue less expenses. Subtract line 2 from line 1 3 16.251 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 67.847 6 Donated services and use of facilities 6 6 7 7 7 7 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI). 10 8 9 Check if Schedule 0 contains a response or note to any line in this Part XII. 10 84.098 21 Accounting method used to prepare the Form 990: 2 Cash Accrual Other revenue in the organization's financial statements compiled or reviewed by an independent accountant? 1 1 Accounting method used to p	Form §	990 (2015)				
Check if Schedule O contains a response or note to any line in this Part XI □ 1 Total revenue (must equal Part VIII, column (A), line 12). 1 209.811 2 193.560 3 Revenue less expenses. Subtract line 2 from line 1 3 16.251 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 67.847 5 0 5 - 6 7 - 6 - 7 8 Prior period adjustments 6 - 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 - - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 - - 9 Other changes in net assets or fund balances (explain in Schedule O) 9 - - - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI) Ine - - - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI) - - - - - - -	Pa	rt XI Reconciliation of Net Assets			Pa	ge 12
1 209.811 2 133.560 3 Revenue less expenses. Subtract line 2 from line 1 4 162.51 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 162.51 6 162.51 7 6 7 6 7 6 7 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0ther changes in net assets or fund balances (explain in Schedule O) 10 84.098 9 0ther changes in the assets or fund balances (explain in Schedule O) 10 84.098 11 Accounting method used to prepare the Form 990: [2] Cash [Accrual [Other]] 11 10 14 20.008/142 25 10 26 Vere the organization changed its method of accounting from a pri		Check if Schedule O contains a response or note to any line in this Part XI				
2 10/al expenses (must equal Part IX, column (A), line 25) 2 133,560 3 16,251 3 16,251 4 67,847 5 5 5 6 7 5 7 6 6 7 7 6 8 7 6 9 7 6 9 7 7 10 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 9 Check if Schedule O contains a response or note to any line in this Part XII 10 11 Accounting method used to prepare the Form 990: [2] Cash [Accrual []] Other [] 10 11 Accounting method used to prepare the Form 990: [2] Cash [] Accrual []] Other [] 110 11 Accounting method used to prepare the Form 990: [2] Cash [] Accrual []] Other [] 110 11 Accounting method used to prepare the Form 990: [2] Cash [] Accrual []] Other [] 1110	-	(must equal f art vin, column (A), line [2] .	1	<u>· · ·</u>		
3 16250 4 16251 5 3 6 16251 7 5 7 6 7 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain in Schedule O) 10 8 9 0ther changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 9 0ther changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 9 0ther changes in net assets at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 10 84,098 9 10 9 10 10 84,098 11 Accounting method used to prepare the Form 990: [] Cash 11 Accounting method used to prepare the Form 990: [] Cash 12 Accounting method used to prepare the Form 990: [] Cash 13 Accounting method used to prepare the Form 990: [] Cash <td></td> <td>l otal expenses (must equal Part IX, column (A), line 25)</td> <td></td> <td></td> <td></td> <td></td>		l otal expenses (must equal Part IX, column (A), line 25)				
 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 67,847 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) PartXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII PartXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis or both: Separate basis consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Separate basis consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," did the organization undergo the required audit or audits? If the organization in		Revenue less expenses. Subtract line 2 from line 1				
5 Net unrealized gains (losses) on investments 5 000 6 Donated services and use of facilities 6 7 7 0 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 10 Part XII Financial Statements and Reporting 10 84,098 Check if Schedule O contains a response or note to any line in this Part XII 10 84,098 11 Accounting method used to prepare the Form 990: [2] Cash Accrual Other	-	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
b Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Bat		Net unrealized gains (losses) on investments			0	1,041
7 investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 84,098 PartXII Financial Statements and Reporting 10 84,098 Check if Schedule O contains a response or note to any line in this Part XII 10 84,098 1 Accounting method used to prepare the Form 990: ☑ Cash □ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ✓ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b ✓ Separate basis Consolidated basis □ Both consolidated and separate basis 2b ✓ b Were the organization stimancial statements and selection of an independent accountant? 2b ✓ 16 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the eaudit, review, or compilation of its financi		Donated services and use of facilities	6			
 a Prior period adjustments . 9 Other changes in net assets or fund balances (explain in Schedule O)		Investment expenses	7			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Retarre to the problem of the pro		Prior period adjustments	8			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 84,098 23, column (B) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 10 84,098 1 Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ✓ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b ✓ ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 2b ✓ b 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: 2b ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 2b ✓ If "Yes," the corganization of its financial statements and selection of an independent accountant? 2c 2c If "Yes," the corganization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a as a result of a federal award, was the organi		Other changes in net assets or fund balances (explain in Schedule O)	9			
1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	10	Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X line)				
1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 1 Accounting method used to prepare the Form 990: [] Cash Accrual Other 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Dor		10		8	4,098
 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	Fai	Financial Statements and Reporting				
 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		Check if Schedule O contains a response or note to any line in this Part XII				
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1					No
 Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	•	If the organization changed its method of accounting from a minimum to it.				
 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Schedule O.	ain in			
 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	2a	Were the organization's financial statements compiled or reviewed by an independent of the statements of the statements of the statements of the statement of t				
 Indexidence of a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled	· ·	2a		<u> </u>
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		reviewed on a separate basis, consolidated basis, or both:	ed or			
 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 						
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	b	Were the organization's financial statements audited by an independent accountant?		26		/
 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	20		V
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		separate basis, consolidated basis, or both:	on a			
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Separate basis Consolidated basis Both consolidated and separate basis				
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			
 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If the organization changed either its oversight process or selection process during the tax year, expl	ain in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a tederal award, was the organization required to undergo an audit or audits as set fo	rth in			anana (388789-1999)
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b			• •	3a		✓
3b	b	required audit or audits, ovplain why in School of Constitution audits? If the organization did not underg	o the			
		required audit of audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

ah ta E 000

Depart	ment of the Treasury			ach to Form 990 or For				Open to Public
	I Revenue Service	Information about	out Schedule A (For	rm 990 or 990-EZ) and its	s instruction	ons is at w	ww.irs.gov/form990.	Inspection
	of the organization						Employer identificati	on number
	al Welfare Coalitie	on of Northeaster	n New Mexico				26-3	140054
	reason is no	to private found	arity Status (Al	l organizations mus	t comple	ete this p	part.) See instruct	ons.
1		nyention of churc	ation because it	is: (For lines 1 throug	h 11, che	ck only o	ne box.)	
2	A school des	cribed in section	n 170/b/(1)/A/(ii)	ion of churches descu (Attach Schedule E (I	ribed in s	ection 1	(U(b)(1)(A)(i).	
3	A hospital or	a cooperative h	ospital service or	ganization described	in costio	or 990-E	(A)(:::)	
4	A medical re	search organizat	ion operated in c	onjunction with a hos	nital des	cribed in	1)(A)(III). Section 170/b)(1)(A	Viiii) Entar tha
	hospital's na	me, city, and sta	te:	enjanetion mara noo			Section 170(b)(1)(A	Junj. Enter the
5	An organizat	ion operated for (b)(1)(A)(iv). (Con	the benefit of a nplete Part II.)	college or university	owned	or operate	ed by a governmer	ntal unit described in
6	A federal, sta	ate, or local gove	rnment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organizat	ion that normally section 170(b)(1	/ receives a subs I)(A)(vi). (Comple	stantial part of its sup te Part II.)	port fror	n a gover	nmental unit or fro	m the general public
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	receipts fron support fron	n activities relate n gross investm	ed to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business 75. See section 509 (o certain taxable	exceptio	ns, and (2) no moi less section 511 t	e than 331/3% of its
10	🗌 An organizati	on organized an	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	🗌 An organizati	on organized and	operated exclus	ively for the benefit of	to perfor	m the fur	ictions of, or to carr	y out the purposes of
	one or more	publicly supporte	d organizations of	described in section 5	09(a)(1)	or section	509(a)(2). See sec	tion 509(a)(3). Check
				the type of supporting				
а	the suppor	ted organization(s) the power to re	supervised, or contro egularly appoint or ele sections A and B.	lled by its ect a majo	s support prity of the	ed organization(s), t e directors or truste	ppically by giving ses of the supporting
b	control or n	nanagement of the	he supporting or	d or controlled in con ganization vested in th , Sections A and C.	nection v ne same p	vith its su persons ti	pported organizatic hat control or mana	n(s), by having ge the supported
С	Type III fur	nctionally integr	ated. A supportin	ng organization opera s). You must comple	ted in co te Part I	nnection	with, and functiona	ly integrated with,
d				porting organization of				ted organization(s)
	that is not f	unctionally integ	rated. The organi	ization generally must mplete Part IV, Secti	satisfy a	distributi	on requirement and	an attentiveness
e	Check this functionally	box if the organized integrated, or Ty	zation received a ype III non-function	written determinatior onally integrated supp	n from the	e IRS that ganizatio	it is a Type I, Type n.	II, Type III
f		per of supported						
g			on about the supp	ported organization(s)			-	
	(i) Name of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		•
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

OMB No. 1545-0047

2015

Schedule A (Form 990 or 990-EZ) 2015 Part II Support Schedu

Page 2

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)
Section A.	Public Support

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(6) 2010	() 10(2)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)					-	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					1	
Calen 7	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	•
13	First five years. If the Form 990 is for the organization, check this box and stop here	re		d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► 🗌
	on C. Computation of Public Suppor					r	
14	Public support percentage for 2015 (line 6					14	%
15. 16a	Public support percentage from 2014 Sch 33 ¹ / ₃ % support test-2015. If the organiz	redule A, Part I	II, IINE 14 .		· · · · ·	15	%
	box and stop here. The organization qual 33 ¹ / ₃ % support test—2014. If the organ	ifies as a publi	icly supported	organization			. 🕨 🗆
~	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anization .		
17a							
	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization me supported organization	ion meets the eets the "facts	"facts-and-cir and-circumst	rcumstances" ances" test. T	test, check th he organizatio	nis box and sto n qualifies as a	p here. publicly
18	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Page 3

4

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Part		ations Descri	bed in Secti	on 509(a)(2)			
	(Complete only if you checked the	he box on line	9 of Part I or	if the organiz	zation failed t	o qualify und	er Part II.
Conti	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	l.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	62,158	76,858	76,855	183,813	181,397	581,081
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				17,548	28,414	45,962
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.	62,158	76,858	76,855	201,361	209,811	627,043
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						•
Casti	line 6.)						627,043
		(-) 0011	(1) 0010	() 0010	(1) 0011		
	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	62,158	76,858	76,855	201,361	209,811	627,043
10ạ	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h							
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
	Net income from unrelated business			454	188		642
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	00.450	70 050	77.000			
14	First five years. If the Form 990 is for th	62,158	76,858	77,309	201,549	209,811	627,685
	organization, check this box and stop he			· · · · · ·			
Sectio	on C. Computation of Public Suppor				· · · · · ·	· · · · · ·	
15	Public support percentage for 2015 (line 8			Column (f)		15	99.90 ⁻ %
16	Public support percentage from 2014 Sch					16	99.90 % 99.87 %
	on D. Computation of Investment Inc				· · · · ·		99.67 /0
17	Investment income percentage for 2015 (line 13 colum	n (f))	17	%
18	Investment income percentage from 2014					18	%
19a	33 ¹ / ₃ % support tests-2015. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organiz					-	
-	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						
		No. of Concession, Name of		and the second se			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2015

Internal Revenue Service	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.
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Name of the organization

Employer identification number

Animal Welfare Coalition of Organization type (check	of Northeastern New Mexico 26-3140054 sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization	
	\Box 4947(a)(1) nonexempt charitable trust no treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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.

General Rule

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 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

ine al 14	organization	Er	nployer identification numbe
	Velfare Coalition of Northeastern New Mexico		26-3140054
Part I	Contributors (see instructions). Use duplicate c	opies of Part I if additional space is	neede <mark>d</mark> .
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Las Vegas		Person
	1700 N Grand Ave	\$118,000	Noncash
	Las Vegas, NM 87701-4731		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	County of San Miguel		Person
	500 W National St	\$22,200	Noncash
	Las Vegas, NM 87701-3490		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	organization	_ Em	Page ployer identification numbe
nimal We	elfare Coalition of Northeastern New Mexico		26-3140054
Part II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	None		
		\$\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
		Ψ	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
		Ψ	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
		·····	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 9.30, 990-EZ, or 990-PF) (2015)

SCHEDULE D (Form 990) Supplement		Supplement	al Financial Statement	S OMB No. 1545-0047
)enartr	nent of the Treasury	Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes" on Form 9 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ≻ Attach to Form 990.	90, 12b.
nternal	Revenue Service	Information about Schedule D (Formation about Schedule D)	orm 990) and its instructions is at www	v.irs.gov/form990. • Inspection
	of the organization			Employer identification number
Par	Welfare Coalitic	on of Northeastern New Mexico		26-3140054
	Comple	zations Maintaining Donor Adv	Yes" on Form 990, Part IV, line	ands or Accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	t end of year		
2	Aggregate valu	e of contributions to (during year)		
3	Aggregate valu	e of grants from (during year)		
4 5	Did the organi:	e at end of year	odvigene iz switting the tat	
•	funds are the o	zation inform all donors and donor rganization's property, subject to the	advisors in writing that the assets	
6	Did the organiz	ation inform all grantees, donors, a	nd donor advisors in writing that gr	ant funds can be used
	only for charita	ble purposes and not for the benef	it of the donor or donor advisor, or	for any other purpose
	conterring impe	ermissible private benefit?		· · · · · · · · · · · · · Yes 🗆 No
Par		vation Easements.		
1	Purpose(s) of c	te if the organization answered " onservation easements held by the	Yes" on Form 990, Part IV, line 7	7
-	Preservation	n of land for public use (e.g., recreat	ion or education) Resonvation	of a biotoriaally important last
	Protection of	of natural habitat		of a certified historic structure
		n of open space		
2	Complete lines	2a through 2d if the organization he	ld a qualified conservation contribut	tion in the form of a conservation
_	easement on th	le last day of the tax year.		Held at the End of the Tax Yea
a b		f conservation easements		2a
c	Number of cons	estricted by conservation easements servation easements on a certified h		2b
d	Number of cor	nservation easements included in (c) acquired after 8/17/06 and not	<u>2c</u>
	historic structur	re listed in the National Register .		· · 2d
3	Number of constax year >	servation easements modified, trans	ferred, released, extinguished, or te	rminated by the organization during the
4	Number of state	es where property subject to conser	vation easement is located >	
5	Does the orga	nization have a written policy reg	arding the periodic monitoring, in	spection, handling of
6		enforcement of the conservation eas		· · · · · · · 🗌 Yes 🗌 No
6			ng, handling of violations, and enforcing	conservation easements during the year
7	Amount of exper	nses incurred in monitoring inspecting	handling of violations, and enforcing	g conservation easements during the year
	► ⊅			
8	Does each cons and section 170	ervation easement reported on line 2 (h)(4)(B)(ii)?	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
9	In Part XIII, desc	cribe how the organization reports c	onservation easements in its revenu	e and expense statement and
	balance sheet, a	and include, if applicable, the text of	the footnote to the organization's fi	nancial statements that describes the
		ccounting for conservation easemer		
Part		ations Maintaining Collections e if the organization answered "	of Art, Historical Treasures, o	r Other Similar Assets.
1a	If the organizati	on elected, as permitted under SEA	S 116 (ASC 958) not to report in it	s revenue statement and balance shee
	works of art, hi	storical treasures, or other similar	assets held for public exhibition. e	ducation, or research in furtherance or
	public service, p	provide, in Part XIII, the text of the fo	otnote to its financial statements that	at describes these items.
b	If the organizati	on elected, as permitted under SF	AS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, hi	storical treasures, or other similar	assets held for public exhibition, e	ducation, or research in furtherance of
	(i) Revenue incl	provide the following amounts relatin	ig to these items:	
	(ii) Assets include	led in Form 990, Part VIII, line 1		· · · · > \$
2	If the organizati	on received or held works of art	historical treasures, or other simila	r assets for financial gain, provide the
	following amour	nts required to be reported under SF	AS 116 (ASC 958) relating to these	items:
а		ed on Form 990, Part VIII, line 1 . in Form 990, Part X		· · · · > \$

Sched	ule D (Form 990) 2016								
Par	t III Organizations Maintaining	g Collections of	Art, Hi	storical	Treasure	s. or O	ther Similar A	sets (con	Page 2
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c	other rec	ords, cheo	ck any of	the follo	wing that are a s	significant u	use of its
а	Public exhibition		d		or exchar		Trame		
b	Scholarly research		e	Othe					
С	Preservation for future generation	IS							
4	Provide a description of the organiza	ation's collections	and exp	lain how t	they furthe	er the or	ganization's exer	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe	n solicit or receive or than to be maint	donatio	ons of art,	historical e organiza	treasure	es, or other simil ollection?		
Par	Escrow and Custodial Arr	angements.							No No
	Complete if the organization 990, Part X, line 21.	n answered "Yes	s" on Fo	rm 990, I	Part IV, lir	ne 9, or	reported an ar	nount on F	orm
<mark>1</mark> a	Is the organization an agent, trustee included on Form 990, Part X? .	e, custodian or ot	her inter	mediary fo	or contribu	utions o	r other assets n	-	
b	If "Yes," explain the arrangement in F	art XIII and compl	lete the f	ollowing ta	able:				🗌 No
С	Beginning balance						A	mount	
d	Additions during the year		•••	• • •		10			
e	Distributions during the year			• • •		10			
f	Ending balance		• • •	• • •		10			
2a	Did the organization include an amou	nt on Form 990. P	art X lin	 e 21 for e	scrow or c				
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	explanation	n has beer	n provid	ed on Part XIII	res	
Par	t V Endowment Funds.			Apianation	in has been	1 provid	ed on Fait All .	· · ·	
	Complete if the organization	answered "Yes	" on Fo	rm 990, F	Part IV, lin	ie 10.			
		(a) Current year		ior year	(c) Two yea		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and								
4	programs								
f	Administrative expenses								
2	End of year balance			(1)					
a	Provide the estimated percentage of t Board designated or quasi-endowmen	ne current year er	nd baland	ce (line 1g	, column (a	a)) held	as:		
b	Permanent endowment	04	~~%						
c	Temporarily restricted endowment	····· ^{/0}							
	The percentages on lines 2a, 2b, and		00%						
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	t are held	and ad	ministered for th	2	
	organization by:		0					Ye	s No
	(i) unrelated organizations							3a(i)	5 110
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on Sc	hedule R?			3b	
4	Describe in Part XIII the intended uses	s of the organizatio	on's ende	owment fu	inds.				
Part	,		_						
	Complete if the organization							Part X, line	e 10.
	Description of property	(a) Cost or ot (investm			r other basis her)		Accumulated epreciation	(d) Book va	lue
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment				24,800				24,800
	Other	ust oqual Farm Of	DO Dort	Y agli m	(D) 11				
Total.	nua intes ra tritougit te. (Colurill (d) IT	iust equal Form 95	su, Part	, column	(B), line 10	JC.)	<u>· · · ▶ </u>		24,800

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ				OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			2015		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form9				Open to Public ^{90.} Inspection	
Name of the organization					Employer ide	ntification number
Animal Welfare Coalitio	on of North	neastern New Mexico	0			26-3140054
Form 990, Part VI, Line	2: Carmer	Holguin and Martin	a Holquin are mot	her and daughter		
						ning and submitting it.
	orm 990 ar	id all its Schedules a	are the distributed	to all members of the C	Soverning Board.	· · ·
Form 990, Part VI, Line	12a-c: Rev	viewed by Governing	g Board at its mon	thly meetings.		
Form 990, Part VI, Line	15a-b: Gui	ded by salaries paid	l by comparable a	nimal shelters in New N	lexico	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Sc

· Schedule O (Form 990 or 990-EZ) (2015)