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 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization ? New Mexico Pets Alive
 Number and street (or P.O. box, if mail is not delivered to street address) ? PO Box 25661 Room/suite
 City or town, state or province, country, and ZIP or foreign postal code Albuquerque, NM 87125

D Employer identification number ? 452346470

E Telephone number 5052812002

F Group Exemption Number ▶ ?

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B ? (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?
 Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
<input type="checkbox"/> ?	1 Contributions, gifts, grants, and similar amounts received	1	22,410				
<input type="checkbox"/> ?	2 Program service revenue including government fees and contracts	2	10,225				
<input type="checkbox"/> ?	3 Membership dues and assessments	3	0				
<input type="checkbox"/> ?	4 Investment income	4	0				
	5a Gross amount from sale of assets other than inventory	5a	0				
	b Less: cost or other basis and sales expenses	5b	0				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0				
	6 Gaming and fundraising events:						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0				
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
	c Less: direct expenses from gaming and fundraising events	6c	0				
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
	7a Gross sales of inventory, less returns and allowances	7a	0				
	b Less: cost of goods sold	7b	0				
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
	8 Other revenue (describe in Schedule O)	8	0				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	32,635				
	10 Grants and similar amounts paid (list in Schedule O)	10	0				
	11 Benefits paid to or for members	11	0				
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/> ?	12	0				
	13 Professional fees and other payments to independent contractors <input type="checkbox"/> ?	13	0				
	14 Occupancy, rent, utilities, and maintenance	14	27,756				
	15 Printing, publications, postage, and shipping	15	0				
	16 Other expenses (describe in Schedule O) <input type="checkbox"/> ?	16	7,320				
	17 Total expenses. Add lines 10 through 16 ▶	17	35,076				
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,441				
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,362				
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-5,561				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	6,242				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	251	22 159
23 Land and buildings	200,000	23 200,000
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	200,251	25 200,159
26 Total liabilities (describe in Schedule O)	200,000	26 200,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	251	27 6,242

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? animal rescue and adoption placement

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Rescue and adoption placement of healthy and treatable at-risk companion animals in New Mexico. For 2018, a total of 71 at-risk puppies, adult dogs and cats were assisted, provided medical and behavioral health and training services. Key volunteer/Executive Director's cancer battle resulted in a reduction in community services.</u>	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,251
29 <u>Prevent the owner surrender of companion animals to New Mexico shelters via the delivery of temporary pet owner support services (pet food, veterinarian care, dog training assistance). 48 families were assisted and 121 animals were assisted and prevented from entering the animal shelter system in New Mexico.</u>	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,836
30 _____	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	10,087

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Melissa Roberts</u> President and Executive Director	15	0	0	0
<u>Lisa Aragon</u> Secretary and Treasurer	20	0	0	0
<u>Kurt Schlough</u> Co-Director	30	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here	Signature of officer	Date
	Lisa Aragon, Secretary and Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**