

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

A For the **2017** calendar year, or tax year beginning

and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
FELINES & FRIENDS NEW MEXICO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
369 MONTEZUMA AVE, #320

City or town, state or province, country, and ZIP or foreign postal code
SANTA FE, NM 87501

F Name and address of principal officer: **BOBBI VALENTINE HELLER**
369 MONTEZUMA AVE., #320, SANTA FE, NM 87501

D Employer identification number

27-4453623

E Telephone number

505-316-2281

G Gross receipts \$

236,138.

H(a) Is this a group return

for subordinates? Yes No

H(b) Are all subordinates included?

Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.FANDFNM.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010** **M** State of legal domicile: **NM**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FELINES & FRIENDS IS DEDICATED TO RESCUING AND PLACING PETS IN NEED OF A SECOND CHANCE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	106,561.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-32,005.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	106,270.	127,829.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	114,579.	106,561.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,900.	1,748.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	238,749.	236,138.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	77,008.	98,146.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	123,304.	151,575.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	200,312.	249,721.
	19	Revenue less expenses. Subtract line 18 from line 12	38,437.	-13,583.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	171,792.	161,937.
	22	Net assets or fund balances. Subtract line 21 from line 20	40,758.	44,486.
			131,034.	117,451.

Part 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]* Date: **5/11/18**

BOBBI VALENTINE HELLER, PRESIDENT/EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ANTHONY J. GRIECO, CPA** Preparer's signature: *[Signature]* Date: **5/11/18** Check if self-employed: PTIN: **P00183228**

Firm's name: **SWAIN & GRIECO, LLC** Firm's EIN: **85-0455053**

Firm's address: **2050 BOTULPH ROAD, SUITE A**
SANTA FE, NM 87505 Phone no. (505) **988-3770**

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