Form **990-E**7

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending **,20**19 Nov 1 Oct 31 C Name of organization **B** Check if applicable: D Employer identification number 46-5587063 ADVOCATES FOR SNAKE PRESERVATION Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return PO BOX 2752 (520)333-6957 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SILVER CITY, NM 88062 Number ▶ Application pending ☐ Accrual Other (specify) ▶ X Cash H Check ► 🗵 if the organization is **not G** Accounting Method: required to attach Schedule B I Website: ▶ WWW.SNAKES.NGO J Tax-exempt status (check only one) − 🔀 501(c)(3) (Form 990, 990-EZ, or 990-PF). 527 501(c) (**K** Form of organization: \blacksquare Corporation Other Trust Association 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 15,214. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 14,402. 2 Program service revenue including government fees and contracts 2 801. 3 3 4 4 11. Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ 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 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 15,214. 10 Grants and similar amounts paid (list in Schedule O) . . 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 14,449. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 1,373. 16 16 2,982. 17 17 18,804. -3,590. 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 26,770. 20 20 Other changes in net assets or fund balances (explain in Schedule O) 23,180. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21

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	* * *					
Pa	tt II Balance Sheets (see the instructions f	,				_
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> L</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			26,770.	22	23,180.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			26 770	24 25	22 100
25 26	Total assets			26,770.	26	23,180.
27	Net assets or fund balances (line 27 of column	(P) must agree with	+	26,770.	27	23,180.
Par				· · · · · · · · · · · · · · · · · · ·	21	23,100.
ı aı	Check if the organization used Schedule	•		,		Expenses
Wha	Ţ Ţ	TO PROMOTE SN				uired for section
					,	c)(3) and 501(c)(4) nizations; optional for
as m	ribe the organization's program service accomplist neasured by expenses. In a clear and concise m cons benefited, and other relevant information for ea	anner, describe the			other	
28	LIVING WITH SNAKES: THE FOUNDATION OF OU	R WORK IS TO PRO	MOTE COEXISTENC	E WITH SNAKES.		
	WE REACHED MORE THAN 30,000 PEOPLE ON SO SOUTHWESTERN NEW MEXICO TO TEACH	CIAL MEDIA AND S	POKE TO HUNDRED	S OF PEOPLE IN		
	(Grants \$ 0.) If this amount	includes foreign gra	ints, check here .	🕨 🗌	28a	13,139.
29	CAMPAIGN TO STOP SNAKE SLAUGHTER	AT RATTLESNAKI	E ROUNDUPS.			
	VIDEOS COVERING OUR MESSAGE TO REFORM	ROUNDUPS INTO E	DUCATIONAL, NO	KILL EVENTS		
	HAVE BEEN VIEWED MORE THAN 20 MIL					
	(Grants \$ 0.) If this amount	includes foreign gra	ints, check here .	▶ 🗌	29a	724.
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra			31a	12.062
Par					32	13,863.
rai	Check if the organization used Schedule			•	HSHUC	dions for Fart IV)
	Officer if the organization used seriedate	·	(c) Reportable	(d) Health benefits,		· · · · <u></u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of ther compensation
JEF	F SMITH					
CHA	IR & DIRECTOR OF RESEARCH	10.00	0.	0		0.
MEL	ISSA AMARELLO					
EXE	CUTIVE DIRECTOR	30.00	13,050.	0		0.
	VE MARLATT					_
AIC	E-CHAIR	1.00	0.	0	•	0.
				+	+	
					+	
		1				

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the experiencian engage in any cignificant activity not provide a transfer to the IDCO If "Vee " provide a		Yes	No
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	33		×
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. Otherwise, explain the			
35a	change on Schedule O. See instructions	34		×
33a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	36		×
b b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.10		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	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: section 4911 ▶			
b	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? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		<u> </u>
Ū	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► MELISSA AMARELLO Telephone no. ► (520)		3-69	57
h	Located at ► PO BOX 2752, SILVER CITY NM ZIP + 4 ► 8806 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	52		T N I -
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X
	If "Yes," enter the name of the foreign country ▶	720		Ĥ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
	and onto the unionic of tax oxompt interest resolved of approach adding the tax year.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		×

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								Yes	No	
46		ne organization engage, directly or in								
		ndidates for public office? If "Yes," c		, Part I			. 4	6	×	
Part		Section 501(c)(3) Organizations	_							
		All section 501(c)(3) organizations	s must answer que	stions 47–49b and	d 52, and	complete th	e tables	s for lin	nes	
		50 and 51.				,,				
		Check if the organization used Sch	nedule O to respond	to any question in	this Part \	/I			, _	
47	וד ויין דו	indian anno in labelium		ti		- 4		Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(n) elect				_	,,	
40	•	•							X	
48		organization a school as described in		·			_		×	
49a		ne organization make any transfers to		_				_	×	
50		s," was the related organization a se plete this table for the organization's						-	nd kov	
30		byees) who each received more than								
	ompic	by 600) who daon received mere than	<u> </u>	1		alth benefits,	0, 011101	140110.		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee		(e) Estim			
	()		devoted to position	(Forms W-2/1099-MISC		benefit plans, and deferred compensation		other compensation		
NONE	<u> </u>				3311					
IVOIVE										
f	Total	number of other employees paid over	er \$100.000	. ▶						
51		plete this table for the organization'			nt contract	- ors who each	receive	ed more	e thar	
•	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	ant contractor	(b) Type of or	nioo	(a)	Compens	otion		
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	SI VICE	(6)	Compens	alion		
NONE										
	_			<u> </u>						
		number of other independent contra	•		.▶					
52		he organization complete Schedu			•					
	•						.►X Y		No	
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					nowledge a	and belief	f, it is	
	TCOL, GIN	,	omeen is based on an ime	milation of which prepare	Thas any kno	wicage.				
Sign		Signature of officer								
Here			Date							
i iGi E		MELISSA AMARELLO, EXECUTIVE DIRECTOR Type or print name and title								
			Preparer's signature		Date		PTIN	N.		
Paid		Print/Type preparer's name William Knuttinen	Topaici 3 signature		01/31/20	Check L	if		0.3	
Prep	I					1/2020 self-employed P004 Firm's EIN ▶72-154196				
Use	Only	Firm's name ► MORONES & KNUT		CTTV NIM QQO		/ -			0	
Max + + k	o IDS	Firm's address ▶ 608 N BULLARD STREET, SILVER CITY, NM 88061 Phone no. (575)538-2750 Sidiscuss this return with the preparer shown above? See instructions								

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name	Name of the organization Employer identification number						
	OCATES FOR SNAKE PRESERV				46-5587063		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The d	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1						
1							
2 3	☐ A school described in section☐ A hospital or a cooperative hos		·				
4	A medical research organization						(iii). Enter the
•	hospital's name, city, and state	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(/
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	★ An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi or university or a non-land-grau university:						
10	☐ An organization that normally receipts from activities related support from gross investment acquired by the organization a: ☐ An organization organized and	to its exempt fur t income and unr fter June 30, 197	nctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11 12	☐ An organization organized and	•	•	-			rn, out the nurneces
12	of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in sect i	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the						typically by giving
	supporting organization. Yo	-	·				
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С	Type III functionally integrits supported organization(ally integrated with,
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	 Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 						e II, Type III
f							
g		•	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	on (iv) Is the organization listed in your governing (v) Amount of monetary support (see other support ((vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)			1				
(D)							
(E)							

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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 Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 3,777. 21,796. 7,318. 14,217. 14,402. 61,510. levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . 0. 0. 0. 0. 0. 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0. 0. 0. 0. 0 . 0. Total. Add lines 1 through 3. . . . 3,777. 21,796. 7,318. 14,217. 14,402. 61,510. 4 The portion of total contributions by 5 person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9,032. Public support. Subtract line 5 from line 4 52,478. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 21,796. 61,510. 7 Amounts from line 4 3,777. 7,318. 14,217. 14,402. Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 8. 16. 31. 67. 1. 11. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0. 0. 0 . 0 0. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 491. 267. 149. 150. 251. 1,308. **Total support.** Add lines 7 through 10 11 62,885. Gross receipts from related activities, etc. (see instructions) 12 1,200. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 83.45% 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II, Line 10 Description: NET INCOME FROM SALES
OF INVENTORY 2014: 491. 2015: 267. 2016: 149. 2017: 150. 2018: 251.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
ADVOCATES FOR SNAKE PRESERVATION	46-5587063
Pt I, Line 16:	
Description: BANKING & MERCHANT CARD FEES \$59	
Description: DUES AND MEMBERSHIPS \$348	
Description: INFORMATION TECHNOLOGY \$605	
Description: INFORMATION TECHNOLOGY \$625	
Description: LICENSES AND FEES \$15	
Description: INSURANCE \$1,514	
Description: EDUCATION \$421	