

90-92 REVENUE	2014	2013	
Contributions, gifts, and grants	115,874	97,923	1
Service revenue	1,044	400	
Gain (loss) - noninv. assets/dispos.	0	-68	
Gain (loss) - special events	-867	-1,013	
Revenue	1,551	0	
Revenue	118,404	97,242	2

2014 Exempt Org. Return

LINN COUNTY ANIMAL RESCUE

PO BOX 2669

LEBANON, OR 97355

SETS OR FUND BALANCES			
Surplus or (deficit) for the year	3,960	12,359	1
Assets/fund bal. at beg. of year	82,734	70,435	1
Assets/fund bal. at end of year	86,694	82,794	

Phyllis Schmitz P.A. #1930

2415 South Santiam Highway

Lebanon, OR 97355

LINN COUNTY ANIMAL RESCUE

26-2147632

	2014	2013	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	116,874	97,928	18,946
Program service revenue.....	1,044	400	644
Net gain (loss) - noninv. assets/disp....	0	-68	68
Net income (loss) - special events.....	-887	-1,013	126
Other revenue.....	1,553	0	1,553
Total revenue.....	118,584	97,247	21,337
EXPENSES			
Occupancy/rent/utilities/maintenance.....	0	10,993	-10,993
Printing, publications, and postage.....	538	300	238
Other expenses.....	114,081	73,595	40,486
Total expenses.....	114,619	84,888	29,731
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	3,965	12,359	-8,394
Net assets/fund bal. at beg. of year.....	82,994	70,635	12,359
Net assets/fund bal. at end of year.....	86,959	82,994	3,965

COPY

See Schedule G

See Schedule G

See Schedule G

See Schedule G

See Schedule G

See Schedule G

See Schedule G

See Schedule G

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

2014

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

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

C LINN COUNTY ANIMAL RESCUE
PO BOX 2669
LEBANON, OR 97355

D Employer identification number 26-2147632

E Telephone number 541-258-6267

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: N/A

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 119,480.

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	1	Contributions, gifts, grants, and similar amounts received	1	116,874.
	2	Program service revenue including government fees and contracts	2	1,044.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5 a	
	5 b	Less: cost or other basis and sales expenses	5 b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	6 b	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)	6 b	9.
6 c	Less: direct expenses from gaming and fundraising events	6 c	896.	
6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	-887.	
EXPENSES	7 a	Gross sales of inventory, less returns and allowances	7 a	
	7 b	Less: cost of goods sold	7 b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O) See Schedule O	8	1,553.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,584.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
ASSETS	15	Printing, publications, postage, and shipping	15	538.
	16	Other expenses (describe in Schedule O) See Schedule O	16	114,081.
	17	Total expenses. Add lines 10 through 16	17	114,619.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,965.
	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	82,994.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	86,959.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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.....	939.	22 3,906.
23	Land and buildings.....	54,230.	23 68,214.
24	Other assets (describe in Schedule O)..... See Schedule O	27,825.	24 18,939.
25	Total assets	82,994.	25 91,059.
26	Total liabilities (describe in Schedule O)..... See Schedule O	0.	26 4,100.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).....	82,994.	27 86,959.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III. ☒

	Expenses
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What is the organization's primary exempt purpose? See Schedule O

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.

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

28 PROVIDE A SAFE ENVIRONMENT FOR ABUSED HORSES

(Grants \$) If this amount includes foreign grants, check here	28a	114,619.
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29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30 a

31 Other program services (describe in Schedule O).....

(Grants \$) If this amount includes foreign grants, check here ☐ 31 a

32	Total program service expenses (add lines 28a through 31a)	32	114,619.
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Part IV	List of Officers, Directors, Trustees, and Key Employees
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(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.

[illegible]

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

	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.		X
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 change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
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.		
c 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.		X
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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39 a N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39 b N/A	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
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.	40 b	X
c 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.	0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.	
e 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.	40 e	X
41 List the states with which a copy of this return is filed None		
42 a The organization's books are in care of BONNIE ORR Telephone no. 541-258-6267 Located at PO BOX 2669 LEBANON OR ZIP + 4 97355		
b 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)?	42 b	X
If 'Yes,' enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c	X
If 'Yes,' enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	X
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.	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
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.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
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).	45 b	X

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.

	Yes	No
46		X

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. ☐

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.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
49b		

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.

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.

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		
	BONNIE ORR		Treasurer	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	PTIN
	PHYLLIS SCHMITZ	PHYLLIS SCHMITZ	4/28/15	P00834046
	Firm's name	Phyllis Schmitz P.A. #1930		Firm's EIN
	Firm's address	2415 South Santiam Highway Lebanon, OR 97355		Phone no. (541) 258-5261

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No