

LINN COUNTY ANIMAL RESCUE

26-2147632

	2020	2019	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	97,068	94,365	2,703
Program service revenue.....	3,307	40	3,267
Net income (loss) - special events.....	0	-778	778
Total revenue.....	100,375	93,627	6,748
EXPENSES			
Occupancy/rent/utilities/maintenance.....	19,796	29,752	-9,956
Printing, publications, and postage.....	400	456	-56
Other expenses.....	81,622	88,754	-7,132
Total expenses.....	101,818	118,962	-17,144
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-1,443	-25,335	23,892
Net assets/fund bal. at beg. of year.....	84,636	109,971	-25,335
Net assets/fund bal. at end of year.....	83,193	84,636	-1,443

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. 1545-0047

2020

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.

**Open to Public
Inspection**

A For the 2020 calendar year, or tax year beginning _____, 2020, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 100,375.

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	97,068.
	2 Program service revenue including government fees and contracts	2	3,307.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c 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	100,375.	
Expenses	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	19,796.
	15 Printing, publications, postage, and shipping	15	400.
	16 Other expenses (describe in Schedule O) See Schedule O	16	81,622.
17 Total expenses. Add lines 10 through 16	17	101,818.	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-1,443.	
Net Assets	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	84,636.
	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	83,193.

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

Form 990-EZ (2020)

**CLIENT
COPY**

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. See Sch O

Table with 3 columns: Question, Amount/Response, Yes, No. Rows include questions 33-41 regarding IRS reporting, organizational changes, income, loans, and tax payments.

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

Table with 3 columns: Question, Yes, No. Rows include questions 42 b and 42 c regarding foreign accounts and offices.

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. 43 N/A

Table with 3 columns: Question, Yes, No. Rows include questions 44 a-d regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

CLIENT COPY

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

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If 'Yes,' was the related organization a section 527 organization? 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 BONNIE ORR		Date
	Type or print name and title Treasurer		
Paid Preparer Use Only	Print/Type preparer's name HEATHER SEARCH	Preparer's signature <i>Heather Search</i>	Date 5-3-2021
	Firm's name ▶ HEATHER SEARCH, LLC	Check <input type="checkbox"/> if self-employed	PTIN P01049001
	Firm's address ▶ 2415 South Santiam Highway Lebanon, OR 97355	Firm's EIN ▶ 81-3502246	Phone no. (541) 258-5261

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