

**Return of Organization Exempt From Income Tax**

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

**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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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

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

**C** Name of organization **FIVE ACRES ANIMAL SHELTER**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1099 PRALLE LANE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**ST CHARLES, MO 63303**

**D** Employer identification number  
**01-0756138**

**E** Telephone number  
**(636) 949-9918**

**G** Gross receipts **\$1,062,884.**

**F** Name and address of principal officer:  
**DEBBIE HILKE, 1099 PRALLE LANE, ST CHARLES, MO 63303**

**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: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1973**

**M** State of legal domicile: **MO**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Placement of Animals</u> <u>Five Acres Animal Shelter is a not-for-profit organization offering collection, adoption, and education services to the public for the purpose of furthering humane treatment for animals. The</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>38</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>500</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 1,101,444.	<b>Current Year</b> 930,274.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	168,830.	13,868.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,291.	29,310.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,283.	54,330.
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,377,848.	1,027,782.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	511,702.	432,469.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,615.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	759,658.	673,431.
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,271,360.	1,105,900.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	106,488.	-78,118.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 2,628,739.	<b>End of Year</b> 2,661,111.
	<b>21</b>	Total liabilities (Part X, line 26)	6,410.	116,900.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,622,329.	2,544,211.

**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: STEVE BROOKS, EXECUTIVE DIRECTOR  
 Date: 08/17/2021

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Richard G Stringham, CPA  
 Preparer's signature: Richard G Stringham, CPA  
 Date: 09/14/2021  
 Check  if self-employed PTIN: P00833834

Firm's name ▶ DEVEREUX & COMPANY LLC  
 Firm's EIN ▶ 26-3317195  
 Firm's address ▶ 307 N MAIN ST, SAINT CHARLES, MO 63301  
 Phone no. (636) 947-3151

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

Placement of Animals  
Five Acres Animal Shelter is a not-for-profit organization offering collection, adoption, and education services to the public for the purpose of furthering humane treatment for animals. The

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 939,945. including grants of \$ 0.) (Revenue \$ 1,027,782.)

PET ADOPTIONS AND PLACEMENTS  
Five Acres Animal Shelter is a not-for-profit organization offering collection, adoption, and education services to the public for the purpose of furthering humane treatment for animals. The Organization's primary sources of funding are donations, program service fees, and fundraising. Our mission is to end pet homelessness, promote responsible pet ownership, and advocate for animal welfare. Five Acres Animal Shelter is the only no-kill animal shelter in St. Charles County, Missouri.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 939,945.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>15b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► .....
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
STEPHEN BROOKS, 1099 PRALLE LANE, ST CHARLES, MO 63303 (636)949-9918

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBBIE HILKE BOARD CHAIRMAN	7.00			X			0.	0.	0.	
(2) HEATHER DAWSON BOARD VICE CHAIRMAN	7.00			X			0.	0.	0.	
(3) DAVE SHARP SECRETARY	7.00			X			0.	0.	0.	
(4) IAN MILLER TREASURER	7.00			X			0.	0.	0.	
(5) DAVID BARKEY BOARD MEMBER	2.00	X					0.	0.	0.	
(6) MICHAEL DISALVO BOARD MEMBER	2.00	X					0.	0.	0.	
(7) SCOTT KOLBE BOARD MEMBER	2.00	X					0.	0.	0.	
(8) REBECCA MILLER-NICHOLS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) LAURA SMITH BOARD MEMBER	2.00	X					0.	0.	0.	
(10) STEHEN BROOKS										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							69,125.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							69,125.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	143,506.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	47,483.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	739,285.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 162,712.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		930,274.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . .		13,868.	13,868.	0.	0.
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		13,868.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		19,044.	19,044.	0.	0.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
			<b>6b</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>7a</b>	45,368.			
			<b>7b</b>	35,102.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	10,266.			
	<b>d</b>	Net gain or (loss) . . . . .		10,266.	10,266.	0.	0.
<b>8a</b>	Gross income from fundraising events (not including \$ 143,506. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
		<b>9b</b>					
		<b>c</b>	Net income or (loss) from gaming activities . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . .				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		54,330.	54,330.	0.	0.
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		54,330.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,027,782.	97,508.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	69,125.	69,125.	0.	0.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	329,173.	269,428.	39,830.	19,915.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	34,171.	29,045.	3,417.	1,709.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	49,647.	44,105.	5,542.	0.
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	27,892.	26,497.	1,395.	0.
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	59,016.	53,114.	5,902.	0.
<b>23</b> Insurance . . . . .	59,249.	11,850.	47,399.	0.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>VETERINARY</u> . . . . .	202,241.	202,241.	0.	0.
<b>b</b> <u>PAC SUPPLIES</u> . . . . .	46,690.	46,690.	0.	0.
<b>c</b> <u>REPAIRS AND MAINTENANCE</u> . . . . .	7,195.	6,475.	720.	0.
<b>d</b> <u>EDUCATION</u> . . . . .	2,038.	2,038.	0.	0.
<b>e</b> All other expenses . . . . .	219,463.	179,337.	10,135.	29,991.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,105,900.	939,945.	114,340.	51,615.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	79,744.	<b>1</b>	73,514.
	<b>2</b> Savings and temporary cash investments . . . . .	550,078.	<b>2</b>	577,161.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	5,929.	<b>8</b>	1,227.
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,936,685.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 744,630.	1,251,071.	<b>10c</b> 1,192,055.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	741,917.	<b>12</b>	817,154.
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		2,628,739.	<b>16</b>	2,661,111.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,410.	<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	116,900.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		6,410.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,593,679.	<b>27</b>	2,515,561.
	<b>28</b> Net assets with donor restrictions . . . . .	28,650.	<b>28</b>	28,650.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	2,622,329.	<b>32</b>	2,544,211.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	2,628,739.	<b>33</b>	2,661,111.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,027,782.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,105,900.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-78,118.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,622,329.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,544,211.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> FIVE ACRES ANIMAL SHELTER	<b>Employer identification number</b> 01-0756138
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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 supporting organization. **You must complete Part IV, Sections A and B.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,246,951.	738,797.	822,759.	868,727.	786,768.	4,464,002.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,246,951.	738,797.	822,759.	868,727.	786,768.	4,464,002.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						4,464,002.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,246,951.	738,797.	822,759.	868,727.	786,768.	4,464,002.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	9,083.	17,726.	16,537.	19,827.	19,044.	82,217.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						4,546,219.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	98.19 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.49 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . . .			
<b>b</b>	Excess from 2017 . . . . .			
<b>c</b>	Excess from 2018 . . . . .			
<b>d</b>	Excess from 2019 . . . . .			
<b>e</b>	Excess from 2020 . . . . .			



**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <u>FIVE ACRES ANIMAL SHELTER</u>	Employer identification number <u>01-0756138</u>
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FIVE ACRES ANIMAL SHELTER	Employer identification number 01-0756138
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUGUST BUSCH III CHARITABLE TRUST 911 WASHINGTON AVE, 7TH FLOOR SAINT LOUIS MO 631011290	\$ 7,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHARLES A AMEN 1974 DOUGHERTY FERRY RD SAINT LOUIS MO 63122	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMERCIAL BATHWARES LC 4999 FYLER AVE REAR SAINT LOUIS MO 63139	\$ 5,120.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DANA BROWN CHARITABLE TRUST 10 N HANLEY RD SAINT LOUIS MO 63105	\$ 16,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	REBECCA POGORZEISKI 29 COUNTRY PERK CIRCLE SAINT CHARLES MO 63304	\$ 9,517.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WANETTA HENRY 33 WOODMERE CIRCLE SAINT CHARLES MO 63303	\$ 5,022.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIVE ACRES ANIMAL SHELTER	Employer identification number 01-0756138
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAVID AND KELLY BACKES 77 MONARCH WAY SAINT PAUL MN 55127	\$ 5,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KAYLENE GREY 1 ARNAGE BLVD CHESTERFIELD MO 63305	\$ 5,204.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MARJORIE ONEY 240 GLASGOW DRIVE SAINT CHARLES MO 63301	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GREGORY AND ARLENE CLEMENT 12 HANCOCK CT SAINT CHARLES MO 63303	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SUSANN SULLIVAN-ADEN 435 N MASON ROAD SAINT LOUIS MO 63141	\$ 7,235.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GLORIA NELSON 22 OLD KNAUST ROAD SAINT PETERS MO 63376	\$ 7,680.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIVE ACRES ANIMAL SHELTER	Employer identification number 01-0756138
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JANET DAUWALTER 32 W HAMPTON COURT FORISTELL MO 63348	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	NESTLE PURINA PETCARE COMPANY 1 CHECKERBOARD SQUARE SAINT LOUIS MO 63102	\$ 17,716.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SCHWAB CHARITABLE TRUST 211 MAIN STREET SAN FRANCISCO CA 94105	\$ 5,250.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SHARON LITZINGER REVOCABLE LIVING TR 847 ST CLETUS DRIVE EAST SAINT LOUIS IL 62206	\$ 6,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GREATER ST LOUIS COMMUNITY FOUNDATION 319 N 4TH STREET, STE 300 SAINT LOUIS MO 63102	\$ 8,863.	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE E WALTER HAUSSTETTE CHARITABLE FOUNDATION 8675 MOLONEY CABIN RIDGE ROAD SAINT LOUIS MO 63102	\$ 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization FIVE ACRES ANIMAL SHELTER	Employer identification number 01-0756138
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TIM SULLIVAN ----- 804 1ST CAPITOL DRIVE ----- SAINT CHARLES MO 63301 -----	\$ 7,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FIVE ACRES ANIMAL SHELTER</b>	<b>Employer identification number</b> 01-0756138
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions.)</b>	<b>(d) Date received</b>
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization <b>FIVE ACRES ANIMAL SHELTER</b>	Employer identification number <b>01-0756138</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: FIVE ACRES ANIMAL SHELTER; Employer identification number: 01-0756138

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a, 1b, 2 regarding collections of art and historical treasures, including revenue and asset reporting.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other	1,936,685.		744,630.	1,192,055.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,192,055.

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other <u>MUTUAL FUNDS</u> . . . . .	817,154.	FMV
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	817,154.	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

**Part XIII** Supplemental Information *(continued)*

A series of horizontal dashed lines providing a template for supplemental information.



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public Inspection**

Name of the organization

FIVE ACRES ANIMAL SHELTER

Employer identification number

01-0756138

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 APPEAL LETTER (event type)	(b) Event #2 SPAGHETTI DINNER (event type)	(c) Other events 12 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	21,521.	25,929.	96,056.	143,506.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	21,521.	25,929.	96,056.	143,506.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				143,506.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>FIVE ACRES ANIMAL SHELTER</b>	Employer identification number <b>01-0756138</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

<b>29</b> Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	<b>29</b>	
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		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	<b>30a</b>		x
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	<b>31</b>		x
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		x
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

FIVE ACRES ANIMAL SHELTER

Employer identification number

01-0756138

Pt VI, Line 1a: There are 9 voting members all independent

Pt VI, Line 8a: Minutes are recorded for all Board meetings

Pt VI, Line 8b: Minutes are recorded for all Committee meetings

Pt VI, Line 11b: Board reviews Form 990 before it is filed

Pt VI, Line 12c: Organization monitors conflict of interest throughout the year

Pt VI, Line 15a: Director salary decided by Board

Pt VI, Line 15b: Key employees' salaries are decided by Board

Pt VI, Line 18: Copy of Form 990 is available upon request and website

Pt VI, Line 19: All documents are available upon request

Other: Page 1, Part I, Mission: Our mission is to end pet homelessness, promote

responsible pet ownership, and advocate for animal welfare. The Organization

is the only no-kill animal shelter in St. Charles County, Missouri and only

humanely euthanize when a situation arises that an animal can no longer live

a high quality of life, according to our vet due based on its medical state,

or in the rare case of extreme aggression. Five Acres is the only shelter in

the region with space dedicated to cats diagnosed with FIV or FeLV.

Pt XII, Line 2c: The Board has oversight responsibility over the review and the

preparation of Form 990.

Pt XII, Line 1: Modified Cash Used

Pt IX, Line 24e:

Description: FUNDRAISING EXPENSES

Total: \$29,732

Program services: \$0

Management and general: \$0

Fundraising: \$29,732

Name of the organization FIVE ACRES ANIMAL SHELTER	Employer identification number 01-0756138
---	--

Description: GIFT SHOP

Total: \$5,242

Program services: \$5,242

Management and general: \$0

Fundraising: \$0

Description: PROCESSING FEES

Total: \$5,169

Program services: \$4,395

Management and general: \$515

Fundraising: \$259

Description: FEES FOR INVESTMENT

Total: \$5,408

Program services: \$0

Management and general: \$5,408

Fundraising: \$0

Description: IN-KIND EXPENSES

Total: \$162,048

Program services: \$162,048

Management and general: \$0

Fundraising: \$0

Description: PROFESSIONAL FEES

Total: \$11,084

Program services: \$6,872

Management and general: \$4,212

Fundraising: \$0

Description: SMALL EQUIPMENT

Total: \$780

Name of the organization

Employer identification number

FIVE ACRES ANIMAL SHELTER

01-0756138

Program services: \$780

Management and general: \$0

Fundraising: \$0



# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>FIVE ACRES ANIMAL SHELTER</b>	Taxpayer identification number (TIN) <b>01-0756138</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1099 PRALLE LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST CHARLES MO 63303</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► STEPHEN BROOKS

Telephone No. ► (636) 949-9918 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year 20 20 or  
►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Federal Depreciation Options

**2020**

▶ Keep for your records

Name as Shown on Return  
**FIVE ACRES ANIMAL SHELTER**

Employer Identification No.  
**01-0756138**

## MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1  Half-year convention

2  Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? . . . . .  Yes  No  
 Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . .  Yes  No  
 Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . .  Reg  Ext  No  
 Treat all assets acquired after May 4, 2007 as  
 qualified Kansas Disaster Zone property? . . . . .  Yes  No  
 Was this business located in a Qualified Disaster Area? . . . . .  Yes  No

## Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction . . .	<b>1</b>	
2 Contribution deduction for purposes of Section 179 limitation . . . . .	<b>2</b>	
3 Taxable income computed for the Section 179 limitation . . . . .	<b>3</b>	
4 Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	<b>4</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service" . . . . .	<b>5 a</b>	
b Additions or subtractions to calculated value . . . . .	<b>b</b>	

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>FIVE ACRES ANIMAL SHELTER</b>	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 01-0756138
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b> Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . .	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) . . . . .	<b>16</b>	0.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2020 . . . . .	<b>17</b>	59,016.
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28 . . . . .	<b>21</b>	0.
<b>22</b> <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	59,016.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
PHONE SYSTEM	04/12/2006	100%	1,924.	1,924.	7.00	200 DB-HY	0.	
PHONE UNITS	04/12/2006	100%	1,500.	1,500.	7.00	200 DB-HY	0.	
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	0.
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.**  
**▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2020

Name of exempt organization or person subject to tax <b>FIVE ACRES ANIMAL SHELTER</b>	Taxpayer identification number <b>01-0756138</b>
Name and title of officer or person subject to tax <b>STEVE BROOKS, EXECUTIVE DIRECTOR</b>	

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a Form 990</b> check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>1,027,782.</u>
<b>2a Form 990-EZ</b> check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a Form 8868</b> check here ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a Form 990-T</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a Form 4720</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ 08/17/2021

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4	3	7	0	0	8	1	6	9	9	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 09/14/2021

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Form 4562**

**Depreciation and Amortization Report**

**2020**

Tax Year 2020  
 ▶ Keep for your records

Name as Shown on Return  
 FIVE ACRES ANIMAL SHELTER

Identifying Number  
 01-0756138

**QuickZoom** here to enter assets . . . . . ▶  
**QuickZoom** here to set MACRS convention for assets acquired in 2020 . . . . . ▶  
 Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
WIRE CAGES		03/01/88	2,659		100.00			2,659	10.00	SL/HY	2,659	0
WIRE CAGES		05/01/88	2,865		100.00			2,865	10.00	SL/HY	2,865	0
WIRE CAGES		10/01/88	1,672		100.00			1,672	10.00	SL/HY	1,672	0
WIRE CAGES		12/01/88	225		100.00			225	10.00	SL/HY	225	0
VERSACAGE SYSTEM		09/28/94	5,715		100.00			5,715	7.00	200DB/HY	5,715	0
1099 PRALLE		10/07/96	256,276		100.00			256,276	39.00	SL/MM	152,504	6,571
RADIATORS		01/04/97	950		100.00			950	7.00	200DB/HY	950	0
DOOR LOCKS		02/18/97	1,814		100.00			1,814	7.00	200DB/HY	1,814	0
BASEBOARD		12/09/97	398		100.00			398	7.00	200DB/HY	398	0
BUILDING REHAB		10/01/98	99,877		100.00			99,877	39.00	SL/MM	55,487	2,495
AIR CONDITIONER		07/12/03	1,200		100.00			1,200	39.00	SL/MM	510	31
AC UNIT		08/22/05	2,550		100.00			2,550	7.00	200DB/MQ	2,550	0
RENOVATIONS		01/01/06	36,030		100.00			36,030	39.00	SL/MM	12,897	924
STAIRS & RAMP		01/26/06	1,925		100.00			1,925	39.00	SL/MM	685	50
PHONE SYSTEM	L	04/12/06	1,924		100.00			1,924	7.00	200DB/HY	1,924	0
PHONE UNITS	L	04/12/06	1,500		100.00			1,500	7.00	200DB/HY	1,500	0
NEW AIR CONDITIONER		07/27/06	2,643		100.00			2,643	7.00	200DB/HY	2,643	0
SHELTER - BASEMENT		08/11/06	1,140		100.00			1,140	7.00	200DB/HY	1,140	0
AIR CONDITIONER		09/08/06	2,168		100.00			2,168	7.00	200DB/HY	2,168	0
DECK REPAIR		11/13/06	7,500		100.00			7,500	39.00	SL/MM	2,520	192
DECK REPAIR		11/27/06	6,230		100.00			6,230	39.00	SL/MM	2,100	160
DECK REPAIR		01/10/07	3,285		100.00			3,285	39.00	SL/MM	1,089	84
DOOR CLOSERS		03/05/07	625		100.00			625	39.00	SL/MM	205	16
ALARM INSTALLATION		06/21/10	750		100.00		375	375	7.00	200DB/MQ	375	0
FURNACE-FELINE HOUSE		12/08/10	4,350		100.00			4,350	39.00	SL/MM	1,010	111
COMPUTER AND ACCESSORIES		12/21/10	815		100.00		815	0	5.00	200DB/MQ	0	0
COMPUTER SOFTWARE		04/22/11	1,496		100.00		1,496	0	3.00	SL/NA	0	0
PRALLE BLDG RENOVATIONS		10/08/11	7,224		100.00			7,224	39.00	SL/MM	1,518	185
VAN	A	10/20/11	15,997		100.00		11,260	4,737	5.00	200DB/MQ	4,737	0
CAPITAL CAMPAIGN SIGNS		01/07/12	391		100.00			391	7.00	200DB/HY	391	0
CANINE BLDG-PRINT		02/10/12	191		100.00			191	7.00	200DB/HY	191	0
CANINE BLDG-HOSE REELS		02/23/12	2,175		100.00			2,175	7.00	200DB/HY	2,175	0
CANINE BLDG-PHONE SYSTEM		03/13/12	4,788		100.00			4,788	7.00	200DB/HY	4,788	0
CANINE BLDG-DISHWASHER		03/20/12	3,581		100.00			3,581	7.00	200DB/HY	3,581	0
CANINE BLDG-CAMERA/SECURITY		04/01/12	5,334		100.00			5,334	7.00	200DB/HY	5,334	0
CANINE BLDG ADDITIONS		04/01/12	98,246		100.00			98,246	39.00	SL/MM	19,417	2,519

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

**Form 4562**

**Depreciation and Amortization Report**

**2020**

Tax Year 2020  
 ► Keep for your records

Name as Shown on Return  
 FIVE ACRES ANIMAL SHELTER

Identifying Number  
 01-0756138

**QuickZoom** here to enter assets . . . . . ►  
**QuickZoom** here to set MACRS convention for assets acquired in 2020 . . . . . ►  
 Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
CANINE BLDG-KENNELS (PRE-2012)		04/01/12	29,964		100.00			29,964	7.00	200DB/HY	29,964	0
CANINE BLDG-PRINTS (PRE-2012)		04/01/12	256		100.00			256	7.00	200DB/HY	256	0
CANINE BLDG-VARIOUS SIGNS		04/01/12	2,265		100.00			2,265	7.00	200DB/HY	2,265	0
CANINE BLDG-CLIP BOARDS		04/01/12	697		100.00			697	7.00	200DB/HY	697	0
CANINE BLDG-REFRIGERATOR		04/01/12	358		100.00			358	7.00	200DB/HY	358	0
CANINE BLDG-FENCING		04/01/12	9,042		100.00			9,042	7.00	200DB/HY	9,042	0
CANINE BUILDING (PRE-2012)		04/01/12	385,908		100.00			385,908	39.00	SL/MM	76,274	9,895
CANINE BLDG-FOAMERS/SQUEEGES/HOSES		04/01/12	1,401		100.00			1,401	7.00	200DB/HY	1,401	0
CANINE BLDG-CARTS		04/01/12	736		100.00			736	7.00	200DB/HY	736	0
CANINE BLDG-VARIOUS PRINTS		04/01/12	396		100.00			396	7.00	200DB/HY	396	0
CANINE BLDG-WASHER/DRYER		04/01/12	10,823		100.00			10,823	7.00	200DB/HY	10,823	0
CANINE BLDG-SHELVING		04/01/12	705		100.00			705	7.00	200DB/HY	705	0
CANINE BLDG-BUCKETS		04/01/12	614		100.00			614	7.00	200DB/HY	614	0
CANINE BLDG-KENNELS		04/12/12	89,793		100.00			89,793	7.00	200DB/HY	89,793	0
CANINE BLDG-CONFERENCE TABLE		06/09/12	3,264		100.00			3,264	7.00	200DB/HY	3,264	0
CANINE BLDG-COMPUTERS		06/09/12	3,409		100.00			3,409	5.00	200DB/HY	3,409	0
WINDOW A/C		07/06/12	219		100.00			219	7.00	200DB/HY	219	0
REAR A/C		08/17/12	1,650		100.00			1,650	7.00	200DB/HY	1,650	0
CANINE BLDG-DESK		08/30/12	841		100.00			841	7.00	200DB/HY	841	0
SMALL EQUIPMENT		12/31/12	750		100.00			750	7.00	200DB/HY	750	0
CANINE BLDG-SOUND PROOFING		06/22/13	5,734		100.00			5,734	39.00	SL/MM	962	147
CANINE BLDG-FENCING		06/22/13	21,653		100.00			21,653	7.00	200DB/HY	20,687	966
CANINE BLDG-IMP LIGHTING		07/09/13	4,000		100.00			4,000	39.00	SL/MM	664	103
FELINE BLDG-EQUIPMENT-DISHWASHER		11/26/13	3,350		100.00			3,350	7.00	200DB/HY	3,201	149
CANINE BLDG-PLUMBING		02/13/14	2,682		100.00			2,682	39.00	SL/MM	405	69
ADMIN BLDG-WASH MACHINE		03/26/14	629		100.00			629	7.00	200DB/HY	545	56
CANINE BLDG-BATHTUB		06/07/14	533		100.00			533	7.00	200DB/HY	462	47
WASH MACHINE		04/13/15	854		100.00		427	427	7.00	200DB/HY	332	38
FELINE BUILDING		07/01/16	519,523		100.00			519,523	39.00	SL/MM	46,069	13,321
KITTY COTTAGE GROUND IMPROVEMENTS		07/01/16	48,039		100.00			48,039	15.00	150DB/HY	14,770	3,327
CANINE BUILDING IMPROVEMENTS		10/27/16	5,855		100.00			5,855	39.00	SL/MM	481	150
FELINE BLDG IMPROVEMENTS		02/28/17	27,075		100.00			27,075	39.00	SL/MM	1,995	694
KITTY COTTAGE GROUND IMP-LANDSCAPING		03/01/17	8,583		100.00			8,583	15.00	150DB/HY	1,978	661
PRINTERS		03/31/17	700		100.00			700	5.00	200DB/HY	498	81
CONFERENCE PHONE		04/06/17	448		100.00			448	7.00	200DB/HY	252	56
CAT POSTS		04/10/17	540		100.00			540	7.00	200DB/HY	304	67
KITTY COTTAGE GROUND IMP-FENCE AND PRIVACY FENCE		04/19/17	1,635		100.00			1,635	15.00	150DB/HY	377	126

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Name as Shown on Return  
 FIVE ACRES ANIMAL SHELTER

Identifying Number  
 01-0756138

QuickZoom here to enter assets . . . . . ►  
 QuickZoom here to set MACRS convention for assets acquired in 2020 . . . . . ►  
 Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
FELINE BLDG IMPROVEMENTS		04/30/17	3,300		100.00			3,300	39.00	SL/MM	230	85
SECURITY SYSTEM		07/26/17	1,078		100.00			1,078	7.00	200DB/HY	607	135
GOLF CART		08/07/17	9,262		100.00			9,262	7.00	200DB/HY	5,211	1,157
WASHER AND DRYER		10/20/17	1,833		100.00			1,833	7.00	200DB/HY	1,032	229
DISHWASHER		10/24/17	1,187		100.00			1,187	7.00	200DB/HY	668	148
IPADS (3)		12/01/17	989		100.00			989	5.00	200DB/HY	704	114
FELINE KENNELS		01/05/18	7,900		100.00		3,160	4,740	7.00	200DB/HY	1,838	829
FELINE FURNITURE		02/05/18	2,480		100.00		992	1,488	7.00	200DB/HY	577	260
CABINETS AND COUNTERTOPS FELINE BLDG		02/15/18	1,944		100.00			1,944	39.00	SL/MM	94	50
CAT CONDOS		02/28/18	1,228		100.00		491	737	7.00	200DB/HY	286	129
CAT HABITAT		03/15/18	1,118		100.00		447	671	7.00	200DB/HY	260	117
CABINETS AND COUNTERTOPS FELINE BLDG		03/30/18	3,092		100.00			3,092	39.00	SL/MM	142	79
APPLIANCES FOR FELINE BLDG		04/02/18	1,079		100.00		432	647	7.00	200DB/HY	251	113
APPLIANCES FOR FELINE BLDG		04/12/18	2,050		100.00		820	1,230	7.00	200DB/HY	477	215
TELEPHONE SYSTEM FELINE		04/17/18	1,659		100.00		664	995	7.00	200DB/HY	386	174
TV FELINE BLDG		04/19/18	1,510		100.00		604	906	7.00	200DB/HY	351	159
SHELVING FOR FELINE BLDG		05/02/18	3,078		100.00		1,231	1,847	7.00	200DB/HY	716	323
DRYER FOR FELINE BLDG		05/02/18	3,774		100.00		1,510	2,264	7.00	200DB/HY	878	396
OFFICE FURNITURE FELINE BLDG		05/16/18	12,379		100.00		4,952	7,427	7.00	200DB/HY	2,880	1,299
COMPUTER AND INSTALLATION		06/13/18	1,501		100.00		600	901	5.00	200DB/HY	468	173
CABINETS FOR CANINE BLDG		06/17/18	1,166		100.00			1,166	39.00	SL/MM	46	30
PRINTER		07/16/18	791		100.00		316	475	5.00	200DB/HY	247	91
CANINE CABINETS		08/03/18	2,410		100.00			2,410	39.00	SL/MM	85	62
PRINTER		08/13/18	921		100.00		368	553	5.00	200DB/HY	288	106
FELINE BLDG IMPROVEMENTS		10/01/18	43,202		100.00			43,202	39.00	SL/MM	2,326	1,082
PARKLING LOT CURBING		10/03/18	1,501		100.00		600	901	15.00	150DB/HY	131	77
MOWER AND REF		10/22/18	1,048		100.00		419	629	7.00	200DB/HY	244	110
COMPUTER AND MONITOR		11/14/18	825		100.00		330	495	5.00	200DB/HY	257	95
CANINE IN TAKE KENNELS		02/20/19	28,211		100.00			28,211	7.00	200DB/HY	4,030	6,909
AMPLIFIER		03/15/19	545		100.00			545	7.00	200DB/HY	78	133
HABITAT FELINE EQUIPMENT		03/18/19	1,235		100.00			1,235	7.00	200DB/HY	176	303
FURNACE IN CANINE BLDG		04/03/19	1,158		100.00			1,158	7.00	200DB/HY	165	284
CONSTRUCTION		12/31/19	10,097		100.00			10,097	39.00	SL/MM	0	259
SUBTOTAL PRIOR YEAR			1,936,984	0		0	32,309	1,904,675			653,305	59,016
TOTALS			1,936,984	0		0	32,309	1,904,675			653,305	59,016

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS





**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2020**

**Part I – Identifying Information**

Employer Identification Number . 01-0756138

Name . . . . . FIVE ACRES ANIMAL SHELTER

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . 1099 PRALLE LANE Room/Suite . \_\_\_\_\_

City . . . . . ST CHARLES State . . . MO ZIP Code . . 63303

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (636)949-9918 Extension . \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . steve@fiveacresanimalshelter.org

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. However, the IRS will continue to accept Form 990-EZ returns filed on paper for any tax year ending before July 31, 2021.

If filing a return other than a Form 990-EZ return, the appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association _____ (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number)                              | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association _____                | <input type="checkbox"/> 527 Organization   |
| Or Trust . . . . . _____   | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Change of Accounting Period \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2020 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2019 overpayment credited to 2020 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>07/15/20</u>				
2nd Quarter Payment	<u>07/15/20</u>				
3rd Quarter Payment	<u>09/15/20</u>				
4th Quarter Payment	<u>12/15/20</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . STEVE BROOKS  
 Officer's SSN . . . . . 327-50-7986      Officer's Title . . . . . EXECUTIVE DIRECTOR

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ► \_\_\_\_\_

**Electronic Filing:**

- File the federal 990, 990-EZ, 990-PF, or 990-N **return** electronically
- File the federal 990-T **return** electronically
- File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
  - ERO entered PIN
- Officer's PIN (enter any 5 numbers) . . . 16996  
 Date PIN entered . . . . . 05/01/2021

**Electronic Filing of Extensions:**

- Check this box to file **Form 8868** (application for extension of time to file return) electronically
- QuickZoom** to the Form 8868 Electronic Filing Information Worksheet. . . . . ► \_\_\_\_\_

**Electronic Filing of Amended Return:**

- File the federal 990, 990-EZ or 990-PF **amended return** electronically
- File the federal 990-T **amended return** electronically
- File the state(s) **amended return** electronically

\* Select the state(s) amended return to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>Form 990-PF balance due</b> (EF only)?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>Form 8868 balance due</b> (EF only)?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>amended Form 990-PF balance due</b> (EF only)?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal of 990-T <b>Return</b> amount due? ( <b>EF Only</b> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal for 990-T <b>Amended</b> amount due? ( <b>EF ONLY</b> ) |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . .

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . . . .  Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Form 990-PF Payment Information**

Enter the Form 990-PF payment date . . . . . \_\_\_\_\_

Balance due amount from this Form 990-PF return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

Payment date for amended Form 990-PF returns . . . . . \_\_\_\_\_

Balance due amount for amended Form 990-PF return . . . . . \_\_\_\_\_

**Form 990-T Payment Information**

Enter the Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from this 990-T return . . . . . \_\_\_\_\_

Enter the amended Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from Form 990-T amended . . . . . \_\_\_\_\_

  

Date 990-T Exempt Organization Return was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Return was accepted . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Amended Return was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Amended Return was accepted . . . . . \_\_\_\_\_

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .	11/15/21		

Letter Salutation . . \_\_\_\_\_

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . rgs

**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-PF, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-T, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-N, e-PostCard . . . . . ▶ \_\_\_\_\_

  

**QuickZoom** to Client Status . . . . . ▶ \_\_\_\_\_

Name as Shown on Return FIVE ACRES ANIMAL SHELTER	Identifying Number 01-0756138
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Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/Pref
DEPRECIATION													
WIRE CAGES		03/01/88	2,659		100.00			2,659	10.00	SL/HY	2,627	0	0.
WIRE CAGES		05/01/88	2,865		100.00			2,865	10.00	SL/HY	2,825	0	0.
WIRE CAGES		10/01/88	1,672		100.00			1,672	10.00	SL/HY	1,642	0	0.
WIRE CAGES		12/01/88	225		100.00			225	10.00	SL/HY	221	0	0.
VERSACAGE SYSTEM		09/28/94	5,715		100.00			5,715	10.00	150DB/HY	5,715	0	0.
1099 PRALLE		10/07/96	256,276		100.00			256,276	40.00	SL/MM	148,712	6,406	165.
RADIATORS		01/04/97	950		100.00			950	12.00	150DB/HY	950	0	0.
DOOR LOCKS		02/18/97	1,814		100.00			1,814	12.00	150DB/HY	1,814	0	0.
BASEBOARD		12/09/97	398		100.00			398	12.00	150DB/HY	398	0	0.
BUILDING REHAB		10/01/98	99,877		100.00			99,877	40.00	SL/MM	67,283	1,734	761.
AIR CONDITIONER		07/12/03	1,200		100.00			1,200	39.00	SL/MM	510	31	0.
AC UNIT		08/22/05	2,550		100.00			2,550	7.00	150DB/MQ	2,550	0	0.
RENOVATIONS		01/01/06	36,030		100.00			36,030	39.00	SL/MM	12,897	924	0.
STAIRS & RAMP		01/26/06	1,925		100.00			1,925	39.00	SL/MM	685	50	0.
PHONE SYSTEM	L	04/12/06	1,924		100.00			1,924	7.00	150DB/HY	1,924	0	0.
PHONE UNITS	L	04/12/06	1,500		100.00			1,500	7.00	150DB/HY	1,500	0	0.
NEW AIR CONDITIONER		07/27/06	2,643		100.00			2,643	7.00	150DB/HY	2,643	0	0.
SHELTER - BASEMENT		08/11/06	1,140		100.00			1,140	7.00	150DB/HY	1,140	0	0.
AIR CONDITIONER		09/08/06	2,168		100.00			2,168	7.00	150DB/HY	2,168	0	0.
DECK REPAIR		11/13/06	7,500		100.00			7,500	39.00	SL/MM	2,520	192	0.
DECK REPAIR		11/27/06	6,230		100.00			6,230	39.00	SL/MM	2,100	160	0.
DECK REPAIR		01/10/07	3,285		100.00			3,285	39.00	SL/MM	1,089	84	0.
DOOR CLOSERS		03/05/07	625		100.00			625	39.00	SL/MM	205	16	0.
ALARM INSTALLATION		06/21/10	750		100.00		375	375	7.00	200DB/MQ	375	0	0.
FURNACE-FELINE HOUSE		12/08/10	4,350		100.00			4,350	39.00	SL/MM	1,010	111	0.
COMPUTER AND ACCESSORIES		12/21/10	815		100.00		815	05.00	200DB/MQ		0	0	0.
COMPUTER SOFTWARE		04/22/11	1,496		100.00		1,496	03.00	SL/NA		0	0	0.
PRALLE BLDG RENOVATIONS		10/08/11	7,224		100.00			7,224	39.00	SL/MM	1,518	185	0.
VAN	A	10/20/11	15,997		100.00		10,273				4,737		
CAPITAL CAMPAIGN SIGNS		01/07/12	391		100.00			391	7.00	150DB/HY	391	0	0.
CANINE BLDG-PRINT		02/10/12	191		100.00			191	7.00	150DB/HY	191	0	0.
CANINE BLDG-HOSE REELS		02/23/12	2,175		100.00			2,175	7.00	150DB/HY	2,175	0	0.
CANINE BLDG-PHONE SYSTEM		03/13/12	4,788		100.00			4,788	7.00	150DB/HY	4,788	0	0.
CANINE BLDG-DISHWASHER		03/20/12	3,581		100.00			3,581	7.00	150DB/HY	3,581	0	0.
CANINE BLDG-CAMERA/SECURITY		04/01/12	5,334		100.00			5,334	7.00	150DB/HY	5,334	0	0.
CANINE BLDG ADDITIONS		04/01/12	98,246		100.00			98,246	39.00	SL/MM	19,417	2,519	0.

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Name as Shown on Return FIVE ACRES ANIMAL SHELTER	Identifying Number 01-0756138
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Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/Pref
CANINE BLDG-KENNELS (PRE-2012)		04/01/12	29,964		100.00			29,964	7.00	150DB/HY	29,964	0	0.
CANINE BLDG-PRINTS (PRE-2012)		04/01/12	256		100.00			256	7.00	150DB/HY	256	0	0.
CANINE BLDG-VARIOUS SIGNS		04/01/12	2,265		100.00			2,265	7.00	150DB/HY	2,265	0	0.
CANINE BLDG-CLIP BOARDS		04/01/12	697		100.00			697	7.00	150DB/HY	697	0	0.
CANINE BLDG-REFRIGERATOR		04/01/12	358		100.00			358	7.00	150DB/HY	358	0	0.
CANINE BLDG-FENCING		04/01/12	9,042		100.00			9,042	7.00	150DB/HY	9,042	0	0.
CANINE BUILDING(PRE-2012)		04/01/12	385,908		100.00			385,908	39.00	SL/MM	76,274	9,895	0.
CANINE BLDG-FOAMERS/SQUEEGES/HOSES		04/01/12	1,401		100.00			1,401	7.00	150DB/HY	1,401	0	0.
CANINE BLDG-CARTS		04/01/12	736		100.00			736	7.00	150DB/HY	736	0	0.
CANINE BLDG-VARIOUS PRINTS		04/01/12	396		100.00			396	7.00	150DB/HY	396	0	0.
CANINE BLDG-WASHER/DRYER		04/01/12	10,823		100.00			10,823	7.00	150DB/HY	10,823	0	0.
CANINE BLDG-SHELVING		04/01/12	705		100.00			705	7.00	150DB/HY	705	0	0.
CANINE BLDG-BUCKETS		04/01/12	614		100.00			614	7.00	150DB/HY	614	0	0.
CANINE BLDG-KENNELS		04/12/12	89,793		100.00			89,793	7.00	150DB/HY	89,793	0	0.
CANINE BLDG-CONFERENCE TABLE		06/09/12	3,264		100.00			3,264	7.00	150DB/HY	3,264	0	0.
CANINE BLDG-COMPUTERS		06/09/12	3,409		100.00			3,409	5.00	150DB/HY	3,409	0	0.
WINDOW A/C		07/06/12	219		100.00			219	7.00	150DB/HY	219	0	0.
REAR A/C		08/17/12	1,650		100.00			1,650	7.00	150DB/HY	1,650	0	0.
CANINE BLDG-DESK		08/30/12	841		100.00			841	7.00	150DB/HY	841	0	0.
SMALL EQUIPMENT		12/31/12	750		100.00			750	7.00	150DB/HY	750	0	0.
CANINE BLDG-SOUND PROOFING		06/22/13	5,734		100.00			5,734	39.00	SL/MM	962	147	0.
CANINE BLDG-FENCING		06/22/13	21,653		100.00			21,653	7.00	150DB/HY	20,327	1,326	-360.
CANINE BLDG-IMP LIGHTING		07/09/13	4,000		100.00			4,000	39.00	SL/MM	664	103	0.
FELINE BLDG-EQUIPMENT-DISHWASHER		11/26/13	3,350		100.00			3,350	7.00	150DB/HY	3,145	205	-56.
CANINE BLDG-PLUMBING		02/13/14	2,682		100.00			2,682	39.00	SL/MM	405	69	0.
ADMIN BLDG-WASH MACHINE		03/26/14	629		100.00			629	7.00	150DB/HY	513	77	-21.
CANINE BLDG-BATHTUB		06/07/14	533		100.00			533	7.00	150DB/HY	435	65	-18.
WASH MACHINE		04/13/15	854		100.00		427	427	7.00	200DB/HY	332	38	0.
FELINE BUILDING		07/01/16	519,523		100.00			519,523	39.00	SL/MM	46,069	13,321	0.
KITTY COTTAGE GROUND IMPROVEMENTS		07/01/16	48,039		100.00			48,039	15.00	150DB/HY	14,770	3,327	0.
CANINE BUILDING IMPROVEMENTS		10/27/16	5,855		100.00			5,855	39.00	SL/MM	481	150	0.
FELINE BLDG IMPROVEMENTS		02/28/17	27,075		100.00			27,075	39.00	SL/MM	1,995	694	0.
KITTY COTTAGE GROUND IMP-LANDSCAPING		03/01/17	8,583		100.00			8,583	15.00	150DB/HY	1,978	661	0.
PRINTERS		03/31/17	700		100.00			700	5.00	150DB/HY	409	116	-35.
CONFERENCE PHONE		04/06/17	448		100.00			448	7.00	150DB/HY	201	55	1.
CAT POSTS		04/10/17	540		100.00			540	7.00	150DB/HY	242	66	1.
KITTY COTTAGE GROUND IMP-FENCE AND PRIVACY FENCE		04/19/17	1,635		100.00			1,635	15.00	150DB/HY	377	126	0.

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Name as Shown on Return FIVE ACRES ANIMAL SHELTER	Identifying Number 01-0756138
--	----------------------------------

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/Pref
FELINE BLDG IMPROVEMENTS		04/30/17	3,300		100.00			3,300	39.00	SL/MM	230	85	0.
SECURITY SYSTEM		07/26/17	1,078		100.00			1,078	7.00	150DB/HY	483	132	3.
GOLF CART		08/07/17	9,262		100.00			9,262	7.00	150DB/HY	4,156	1,135	22.
WASHER AND DRYER		10/20/17	1,833		100.00			1,833	7.00	150DB/HY	823	224	5.
DISHWASHER		10/24/17	1,187		100.00			1,187	7.00	150DB/HY	532	146	2.
IPADS (3)		12/01/17	989		100.00			989	5.00	150DB/HY	577	165	-51.
FELINE KENNELS		01/05/18	7,900		100.00		3,160	4,740	7.00	200DB/HY	1,838	829	0.
FELINE FURNITURE		02/05/18	2,480		100.00		992	1,488	7.00	200DB/HY	577	260	0.
CABINETS AND COUNTERTOPS FELINE BLDG		02/15/18	1,944		100.00			1,944	39.00	SL/MM	94	50	0.
CAT CONDOS		02/28/18	1,228		100.00		491	737	7.00	200DB/HY	286	129	0.
CAT HABITAT		03/15/18	1,118		100.00		447	671	7.00	200DB/HY	260	117	0.
CABINETS AND COUNTERTOPS FELINE BLDG		03/30/18	3,092		100.00			3,092	39.00	SL/MM	142	79	0.
APPLIANCES FOR FELINE BLDG		04/02/18	1,079		100.00		432	647	7.00	200DB/HY	251	113	0.
APPLIANCES FOR FELINE BLDG		04/12/18	2,050		100.00		820	1,230	7.00	200DB/HY	477	215	0.
TELEPHONE SYSTEM FELINE		04/17/18	1,659		100.00		664	995	7.00	200DB/HY	386	174	0.
TV FELINE BLDG		04/19/18	1,510		100.00		604	906	7.00	200DB/HY	351	159	0.
SHELVING FOR FELINE BLDG		05/02/18	3,078		100.00		1,231	1,847	7.00	200DB/HY	716	323	0.
DRYER FOR FELINE BLDG		05/02/18	3,774		100.00		1,510	2,264	7.00	200DB/HY	878	396	0.
OFFICE FURNITURE FELINE BLDG		05/16/18	12,379		100.00		4,952	7,427	7.00	200DB/HY	2,880	1,299	0.
COMPUTER AND INSTALLATION		06/13/18	1,501		100.00		600	901	5.00	200DB/HY	468	173	0.
CABINETS FOR CANINE BLDG		06/17/18	1,166		100.00			1,166	39.00	SL/MM	46	30	0.
PRINTER		07/16/18	791		100.00		316	475	5.00	200DB/HY	247	91	0.
CANINE CABINETS		08/03/18	2,410		100.00			2,410	39.00	SL/MM	85	62	0.
PRINTER		08/13/18	921		100.00		368	553	5.00	200DB/HY	288	106	0.
FELINE BLDG IMPROVEMENTS		10/01/18	43,202		100.00			43,202	39.00	SL/MM	2,326	1,082	0.
PARKLING LOT CURBING		10/03/18	1,501		100.00		600	901	15.00	150DB/HY	131	77	0.
MOWER AND REF		10/22/18	1,048		100.00		419	629	7.00	200DB/HY	244	110	0.
COMPUTER AND MONITOR		11/14/18	825		100.00		330	495	5.00	200DB/HY	257	95	0.
CANINE IN TAKE KENNELS		02/20/19	28,211		100.00			28,211	7.00	200DB/HY	4,030	6,909	0.
AMPLIFIER		03/15/19	545		100.00			545	7.00	200DB/HY	78	133	0.
HABITAT FELINE EQUIPMENT		03/18/19	1,235		100.00			1,235	7.00	200DB/HY	176	303	0.
FURNACE IN CANINE BLDG		04/03/19	1,158		100.00			1,158	7.00	200DB/HY	165	284	0.
CONSTRUCTION		12/31/19	10,097		100.00			10,097	39.00	SL/MM	0	259	0.
SUBTOTAL PRIOR YEAR			1,936,984	0		0	31,322	1,899,938			658,875	58,597	419.
TOTALS			1,936,984	0		0	31,322	1,899,938			658,875	58,597	419.

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

IRS e-file Authentication Statement

2020

Keep for your records

Name(s) Shown on Return
FIVE ACRES ANIMAL SHELTER

Employer ID No.
01-0756138

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN [X]
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN437008 Self-Select PIN 16996

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 16996
Date 05/01/2021



Electronic Filing Information Worksheet

Keep for your records

2020

Name(s) shown on return
FIVE ACRES ANIMAL SHELTER

Identifying number
01-0756138

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return . . . . . 437008

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name DEVEREUX & COMPANY LLC ERO Electronic Filers Identification Number (EFIN) 437008
ERO Address 307 N MAIN ST ERO Employer Identification Number 26-3317195
City State ZIP Code SAINT CHARLES MO 63301 ERO Social Security Number or PTIN
Country

Part III - Paid Preparer Information

Firm Name DEVEREUX & COMPANY LLC Preparer Social Security Number or PTIN P00833834
Preparer Name Richard G Stringham, CPA Employer Identification Number 26-3317195
Address 307 N MAIN ST Phone Number Fax Number (636)947-3151 (636)947-3155
City State ZIP Code SAINT CHARLES MO 63301
Country Preparer E-mail Address

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .
Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with 2 columns: State/City \*, California State Exempt

Part V - Name Control

Name Control, enter here to override default . . . . . FIVE

Name FIVE ACRES ANIMAL SHELTER	Social Security Number 01-0756138
-----------------------------------	--------------------------------------

Prepare Form 8868 for Electronic Filing

Extension accepted (will be blanked if extension not previously transmitted) . . . . .

Signature of Officer

Officer's Name . . . . .

Officer's Title . . . . .

Signature Date . . . . .

Electronic Funds Withdrawal - Amount paid with Form 8868

NOTE - A practitioner PIN or Form 8453 is required for Form 8868 efile

Enter the payment date to withdraw tax payment . . . . .

Practitioner PIN information for Form 8868

Sign Form 8868 electronically using the Practitioner PIN

NOTE - A practitioner PIN or Form 8453 is required for Form 8868 efile

Please indicate how the Officer PIN is entered into the program.

Officer entered PIN . . . . .

ERO entered Officer's PIN . . . . .

ERO's Practitioner PIN (EFIN followed by any 5 numbers) . . . . . EFIN  Self-Select PIN

ERO Declaration: I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Pracitioner PIN method and Publications 4163, Modernized e-File Information for Authorized IRS e-file Providers, and 3112, IRS e-file Application and Participation.

Perjury Statement: Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to disclosure: I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable): I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 8868, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.

Date . . . . . 05/01/2021

Officer's PIN (enter any 5 numbers). . . . . 16996

## Smart Worksheets from your 2020 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

<b>Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet</b>				
To enter assets, <b>QuickZoom</b> to Asset Entry Worksheet . . . . . ➔				
To view a calculated report of all depreciation information for Form 990,				
<b>QuickZoom</b> to the Depreciation/Amortization Report . . . . . ➔				
<b>QuickZoom</b> to Form 4562 for Form 990 . . . . . ➔				
The following items carry to line 22 below:				
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b> Depreciation . . . . .	59,016.	53,114.	5,902.	0.
<b>B</b> Depletion . . . . .				
<b>C</b> Amortization . . . . .				

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

<b>Line 2f - All Other Program Service Revenue Smart Worksheet</b>				
The total of the following items carry to line 2f below:				
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
EDUCATION	4,110.	4,110.	0.	0.
GIFT SHOP	9,758.	9,758.	0.	0.

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

<b>Line 11d - All Other Revenue Smart Worksheet</b>				
The total of the following items carry to line 11d below:				
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
UNREALIZED GAINS ON INVESTMENTS	54,330.	54,330.	0.	0.

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>Copy 1</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>Copy 2</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>Copy 3</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>Copy 4</u>

SMART WORKSHEET FOR: Form 8868: Application for Extension of Time to File an Exempt Organization Return

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

## Additional information from your 2020 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax

Other amt. not included

Itemization Statement

Description	Amount
Program Services	200,150.
Donations and Bequests	376,423.
In-Kind	162,712.
<b>Total</b>	<b>739,285.</b>

### Schedule D: Supplemental Financial Statements

Other col (a)

Itemization Statement

Description	Amount
Building-Pralle	424,461.
Building-Canine	357,160.
Building-Feline	608,233.
Equipment and Furniture	485,873.
Computer Software	1,496.
Ground Improvements	59,462.
<b>Total</b>	<b>1,936,685.</b>