

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **January 1**, 2011, and ending **December 31**, 20 **11**

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Companion Rabbit Network dba Minnesota Companion Rabbit Society

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 390691

Room/suite

City or town, state or country, and ZIP + 4

Edina, MN 55439-0691

D Employer identification number

20-1864550

E Telephone number

651-768-9788

F Group Exemption

Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <http://MN.CompanionRabbit.org>

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **57084.81**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	24962.77
	2	Program service revenue including government fees and contracts	2	14549.98
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 1694.75 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	150	
c	Less: direct expenses from gaming and fundraising events	6c	639.50	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-489.5	
7a	Gross sales of inventory, less returns and allowances	7a	14016.44	
b	Less: cost of goods sold	7b	9165.08	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5844.15	
8	Other revenue (describe in Schedule O)	8	2412.83	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	47280.23	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24289.11
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	11700.00
	15	Printing, publications, postage, and shipping	15	696.57
	16	Other expenses (describe in Schedule O)	16	17796.34
17	Total expenses. Add lines 10 through 16 ▶	17	54482.02	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7201.79
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	30594.54
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	23392.75

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18864.51	22 13218.19
23 Land and buildings		23
24 Other assets (describe in Schedule O)	15848.08	24 15045.72
25 Total assets	34712.59	25 28263.91
26 Total liabilities (describe in Schedule O)	4118.05	26 4871.16
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30594.54	27 23392.75

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? animal welfare and adoption

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>Animal adoptions - taking in homeless animals, providing sterilization, medical, and daily care until adoptive homes can be found. Facilitating adoption events to highlight needy animals. Helped 63 rabbits in our care find new homes.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	36209.55
29 <u>Public education on rabbit care and behavior - presented regular education classes, distributed information brochures, answered email and voicemail questions, maintained information resources via website.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	664.32
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Tanya Hulsey - resigned 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	President 20 + per week	0		0
<u>Peter Reiter - resigned 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Treasurer 10 + per week	0		0
<u>Rich Lancello</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Director 5 + per week	0		0
<u>Laura Atkins - resigned 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Director 5 + per week	0		0
<u>Jessica Nathan - resigned 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Director 5 + per week	0		0

<u>Luke Stultz - effective 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	President 20 + per week	0		0
<u>Natalie Chambers - effective 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Director 5 + per week	0		0
<u>Celayne Jones - effective 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Director 5 + per week	0		0
<u>Cindy Cameron - effective 06/03/2012</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Treasurer 10 + per week	0		0

<u>Holly Lang</u> c/o MCRS, PO Box 390691, Edina, MN 55439	Adoption Director 24 hours per wk	22054.52		0

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

Table with columns for question number, question text, and Yes/No response boxes. Questions range from 33 to 45b, covering topics like significant activities, organizational changes, business income, political expenditures, loans, and foreign accounts.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
		46	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
		49a	
b	If "Yes," was the related organization a section 527 organization?		
		49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ none

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ none

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Cindy Cameron, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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