

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

1150

2019

Open to Public Inspection

990EZ

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization: HARRIS RANCH WILDLIFE MITIGATION. Number and street (or P. O. box, if mail is not delivered to street address): P O BOX 1949. City or town, state or province, country, and ZIP or foreign postal code: BOISE, ID 83701

D Employer identification number: 27-4403659. E Telephone number. F Group Exemption Number

G Accounting Method: Cash [checked] Accrual Other (specify)

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

I Website. J Tax-exempt status (check only one): 501(c)(3) [checked] 501(c) ( ) (insert no. 4947(a)(1) or 527

K Form of organization: Corporation Trust Association [checked] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: 163,749

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

Table with 9 rows for Revenue. Columns: Line number, Description, Sub-column (5a-5c, 6a-6d, 7a-7c), and Total amount. Total revenue: 163,749.

Table with 7 rows for Expenses. Columns: Line number, Description, and Total amount. Total expenses: 84,216.

Table with 3 rows for Net Assets. Columns: Line number, Description, and Total amount. Net assets at end of year: 184,737.

**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
<b>22</b> Cash, savings, and investments . . . . .	180,844	<b>22</b>	282,010
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b>	0
<b>25 Total assets</b> . . . . .	180,844	<b>25</b>	282,010
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	75,640	<b>26</b>	97,273
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	105,204	<b>27</b>	184,737

**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

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

What is the organization's primary exempt purpose?  
**TO MITIGATE ADVERSE IMPACTS TO WILDLIFE**

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.

28 PROGRAMS (Grants \$ )	28a	16,595
If this amount includes foreign grants, check here <input type="checkbox"/>		
29 (Grants \$ )	29a	
If this amount includes foreign grants, check here <input type="checkbox"/>		
30 (Grants \$ )	30a	
If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O) (Grants \$ )	31a	
If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	16,595

**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 title	(b) 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
DAVID EBERLE PRESIDENT	5.00	0	0	0
MICHAEL PELLANT VICE PRESIDENT	3.00	0	0	0
SHARON HUBLER SECRETARY	3.00	0	0	0
KARL GEBHARDT DIRECTOR	3.00	0	0	0
ANDY BRUNELLE DIRECTOR	3.00	0	0	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.

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46		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.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47		No
48		No
49a		No
49b		

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

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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.

<b>Sign Here</b>	Signature of officer	2020-06-30
	ANGELA ROSSMANN EXECUTIVE DIREC Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Vicki L Kirby	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00065164
	Firm's name ► WILSON HARRIS & CO			Firm's EIN ► 82-0315594	
	Firm's address ► 1602 W FRANKLIN STREET BOISE, ID 83702			Phone no. (208) 344-1355	

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No