

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MCPAWS, INC.</b>		<b>D</b> Employer identification number <b>82-0503942</b>	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 1375</b>		<b>E</b> Telephone number <b>208-634-3647</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>MCCALL, ID 83638</b>		<b>G</b> Gross receipts \$ <b>613,051.</b>	
	<b>F</b> Name and address of principal officer: <b>TONI SLAYMAKER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: **MCPAWS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2001** **M** State of legal domicile: **ID**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF MCPAWS REGIONAL ANIMAL SHELTER IS TO PROVIDE SAFE SHELTER FOR ABANDONED, SURRENDERED</b>		
	<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>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>36</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>306</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-2,775.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-2,775.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	225,426.	174,703.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,821.	299,099.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,659.	3,478.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,967.	107,201.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	536,873.	584,481.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	362,605.	382,642.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	164,511.	149,589.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	527,116.	532,231.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,757.	52,250.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,023,851.	1,079,926.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	208,069.	211,894.

**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 <i>Toni Slaymaker</i>	Date <b>5-28-15</b>
	<b>TONI SLAYMAKER, TREASURER</b> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <b>KELLY D. SONNICHSEN, CPA</b>	Preparer's signature Kelly D. Sonnichsen, CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00482643</b>
	Firm's name <b>TRAVIS JEFFRIES, P.A.</b>	Firm's EIN <b>82-0358530</b>	Firm's address <b>590 W WASHINGTON ST BOISE, ID 83702-5953</b>	Phone no. (208) 345-5383	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), and Overpayment (48).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions 1-3 regarding foreign accounts, distribution from trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation: COST

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, and Total (9,758).

Signature and preparer information section. Includes signature of officer (J.W. Slaymaker), preparer's name (Kelly D. Sonnichsen), firm's name (Travis Jeffries, P.A.), and address (Boise, ID).