## EXTENDED TO AUGUST 17, 2015

432001 11-07-14

## **Return of Organization Exempt From Income Tax**

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.

OMB No. 1545-0047

Form **990** (2014)

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number MCPAWS, INC. Name change Doing business as 82-0503942 Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ PO BOX 1375 208-634-3647 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 613,051. Amended return MCCALL, ID 83638 H(a) Is this a group return Applica-F Name and address of principal officer: TONI SLAYMAKER for subordinates? \_\_\_\_Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) J 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: MCPAWS . ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 2001 M State of legal domicile; ID Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF MCPAWS REGIONAL Governance ANIMAL SHELTER IS TO PROVIDE SAFE SHELTER FOR ABANDONED, SURRENDERED Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2014 (Part V, line 2a) 36 Total number of volunteers (estimate if necessary) 306 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -2,775.b Net unrelated business taxable income from Form 990-T, line 34 ..... -2,775.**Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 225,426 174,703. Revenue Program service revenue (Part VIII, line 2g) 272,821 299,099. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,659. 3,478. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 33,967. 107, 201.Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 536,873. 584.481. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 362,<u>605</u>. 382,642. 16a Professional fundraising fees (Part IX, column (A), line 11e) U. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 164,511 149,589. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 527.116. 532,231. Revenue less expenses. Subtract line 18 from line 12 9,757. 52,250. 5 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,079,926. 1,023,851. 21 Total liabilities (Part X, line 26) 208,069. ..... 211,894. Net assets or fund balances. Subtract line 21 from line 20 815,782. 868,032. 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. Signature of officer Sign TONI SLAYMAKER, TREASURER Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Paid KELLY D. SONNICHSEN, CPA Kelly D. Sonnichsen, CPA Breaking Classifier and the CPA Dr. Sonnichs CPA P00482643 Firm's name TRAVIS JEFFRIES, Preparer 82-0358530 Firm's EIN Firm's address ▶ 590 W WASHINGTON ST Use Only BOISE, ID 83702-5953 Phone no. (208) 345-5383 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part		Tax Computation				
35	Or	rganizations Taxable as Corporations. See instructions for tax computation.			7600	
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:					
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):						
	(1) [\$   (2)  \$   (3)  \$					
					1	
	e loc	) Additional 3% tax (not more than \$100,000)			155	
36	υ πα Te	come tax on the amount on line 34			35c	0.
30		usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 34 fro	om:	1278	
0.7	Tax rate schedule or Schedule D (Form 1041)					
37	Pr	oxy tax. See instructions			37	
38		ernative minimum tax			38	
39	To	tal. Add lines 37 and 38 to line 35c or 36, whichever applies			39	0.
		Tax and Payments				
40	a Foi	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
	b Oth	ner credits (see instructions)	40b			
1	c Ge	neral business credit. Attach Form 3800	40c			
	d Cre	edit for prior year minimum tax (attach Form 8801 or 8827)	40d			
1	e To	tal credits. Add lines 40a through 40d			40e	
41	Sul	btract line 40e from line 39				0.
42	Oth	ner taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 88	166 Ott	Pr (attach schad)	ute) 42	
43	Tot	tal tax. Add lines 41 and 42				0.
44		yments: A 2013 overpayment credited to 2014	1442			0.
	b 20°	14 estimated tax payments	44b			
	c Tax	deposited with Form 8868	44c			
	d For	eign organizations: Tax paid or withheld at source (see instructions)	446			
	e Ran	kun withholding (see instructions)	44d			
,	f Cra	ckup withholding (see instructions)	44e			
		dit for small employer health insurance premiums (Attach Form 8941)	44f			
		er credits and payments: Form 2439	l l			
46		Form 4136 Other Total	44g		1985	
45	100	al payments. Add lines 44a through 44g	***************************************		45	
46	ESTI	imated tax penalty (see instructions). Check if Form 2220 is attached			46	
47	Гах	due. If line 45 is less than the total of lines 43 and 46, enter amount owed			47	0.
48	Ove	erpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48	0.
49	Ente	er the amount of line 48 you want: Credited to 2015 estimated tax		Refunded	49	
Part V Statements Regarding Certain Activities and Other Information (see instructions)						
1 Ata	any ti	me during the 2014 calendar year, did the organization have an interest in or a signature or of	ther authority	over a financia	l account (l	oank, Yes No
sec	securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial					
Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  X  X  X						
2 Dur	ing ine ES, sei	a tax year, old the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true.  Instructions for other forms the organization may have to file.	ist?			X
_3 Ent	er the	e amount of tax-exempt interest received or accrued during the tax year > \$				2837 6065
Sched	dule	A - Cost of Goods Sold. Enter method of inventory valuation COS	T			
		y at beginning of year 1 2,117. 6 Inventory at end of year		96	6	1,550.
	chase		*		558639	
3 Cos	st of la			line 2	7	8,208.
4a Add	itional	A D III				Yes No
		costs (attach schedule) 4b property produced or acquired for resale) apply to				1.02 140
		Id lines 1 through 4b	•	,		PERSONAL PROPERTY.
0 100	lu	Inder penalties of perjury. I declare that I have examined this return, including accompanying schedules and s	tatemente and	to the heet of my	knowledge o	and hollef it in true
Sign	0	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any knov	riedge.	viinwienñe a	id belief, it is ifbe,
Here	- la	IN Staymater 15-28-15 TREASURER				S discuss this return with
		Signature of officer () Date Title	ER			r shown below (see
	1	1		<del>, , .</del>	instructions	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Print/Type preparer's name Preparer's signature Date	-	Check	l if PTII	1
Paid		KELLY D. SONNICHSEN, Kelly D. Sonnichsen, Digitally signed by Kelly D. Sonnichsen, CPA	D. Sonnichsen, CPA sen, CPA, o, ou,	self- employ		
Prepa	rer	CPA CPA email-belly@1.dvis.jeffri Date: 2015.05.28 0921:2	7 ·06'00'	<u> </u>		00482643
Use C	nly	Firm's name ► TRAVIS JEFFRIES, P.A.		Firm's EIN	▶ 8.	2-0358530
	-	590 W WASHINGTON ST				
		Firm's address ▶ BOISE, ID 83702-5953		Phone no.	(208	345-5383
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