

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.

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

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	C Name of organization MCPAWS, INC.		D Employer identification number 82-0503942	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1375		E Telephone number 208-634-3647	
	City or town, state or province, country, and ZIP or foreign postal code MCCALL, ID 83638		G Gross receipts \$ 613,051.	
	F Name and address of principal officer: TONI SLAYMAKER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: **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	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MCPAWS REGIONAL ANIMAL SHELTER IS TO PROVIDE SAFE SHELTER FOR ABANDONED, SURRENDERED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	306
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,775.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,775.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	225,426.	174,703.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,821.	299,099.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,659.	3,478.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,967.	107,201.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	536,873.	584,481.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	362,605.	382,642.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
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.	
19 Revenue less expenses. Subtract line 18 from line 12	9,757.	52,250.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,023,851.	1,079,926.
	22 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 5-28-15
	Type or print name and title TONI SLAYMAKER, TREASURER	

Paid Preparer Use Only	Print/Type preparer's name KELLY D. SONNICHSEN, CPA	Preparer's signature <i>Kelly D. Sonnichsen, CPA</i>	Date	Check if self-employed <input type="checkbox"/>	PTIN P00482643
	Firm's name TRAVIS JEFFRIES, P.A.	Firm's EIN 82-0358530			
	Firm's address 590 W WASHINGTON ST BOISE, ID 83702-5953		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 2 columns: Question and 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. Slaymaker), preparer name (Kelly D. Sonnichsen), firm name (Travis Jeffries, P.A.), and address (Boise, ID).