_	MMII	
Form	330	

EXTENDED TO AUGUST 15, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Department of the Treasury

Interi	nal Reve	enue Service	Information about Form 990 and its instructions is a	at www.i	irs.gov/form990.	Inspection
AF	or th	e 2015 calen	dar year, or tax year beginning and er			
B c	Check if pplicab	le: C Name	of organization		D Employer identifica	tion number
	Addre	mcP	AWS, INC.			
	Name Chang		business as		- **_**	* * * * *
	Initial			Room/suite	E Telephone number	
	 Final		BOX 1375			34-3647
	termi ated	n-	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	561,365.
	Amer returr	MCC	ALL, ID 83638		H(a) Is this a group retu	Jrn
	Appli tion pend	^{ca-} F Name	and address of principal officer: PAM WISSENBACH AS C ABOVE		for subordinates? H(b) Are all subordinates incl	
<u> </u>	[2V.0V		\boxed{X} 501(c)(3) $\boxed{501(c)}$ () ◀ (insert no.) $\boxed{4947(a)(1)}$ or	52		st. (see instructions)
			AWS.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	I Yea	r of formation: 2001 M	
	art I			1 =		
-	1	Briefly descr	be the organization's mission or most significant activities: $\frac{THE}{THE}$	ISSI	ON OF MCPAWS	REGIONAL
Governance		ANÍMAL	SHELTER IS TO PROVIDE SAFE SHELTER	FOR	ABANDONED, S	URRENDERED
irna	2	Check this b	ox 🕨 🛄 if the organization discontinued its operations or dispose	ed of mor	re than 25% of its net ass	ets.
ove	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	6
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		6	
Activities &	5	Total numbe	5	34		
iviti	6	Total numbe	r of volunteers (estimate if necessary)		6	333
Acti	7 a	Total unrelat	ed business revenue from Part VIII, column (C), line 12			-1,617.
_	b	Net unrelate	d business taxable income from Form 990-T, line 34	·····	7b	-1,617.
					Prior Year	Current Year
ne	8		s and grants (Part VIII, line 1h)		174,703.	196,090.
Revenue	9		vice revenue (Part VIII, line 2g)		299,099.	294,814.
Rev	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		3,478.	2,364.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		107,201.	52,143.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		584,481.	545,411.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	382,642.	346,731.	
Expenses	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
en en			fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.
Ĕ				• ·	149,589.	158,264.
			ses (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		532,231.	504,995.
	10	-	s expenses. Subtract line 18 from line 12		52,250.	40,416.
es		never lue les			eginning of Current Year	End of Year
ets (anc	20	Total assets	(Part X, line 16)		1,079,926.	1,113,570.
Assu Bal	20		s (Part X, line 16)		211,894.	205,122.
Net Assets or Fund Balances	22		r fund balances. Subtract line 21 from line 20		868,032.	908,448.
	art II				,	
			, I declare that I have examined this return, including accompanying schedules a	and stater	ments, and to the best of my k	nowledge and belief, it is
			e. Declaration of preparer (other than officer) is based on all information of whic			• ·

Sign Here	Signature of officer PAM WISSENBACH, TREASU Type or print name and title	RER		Date
Paid	Print/Type preparer's name KELLY D. SONNICHSEN, CPA	Preparer's signature	Date	Check PTIN if self-employed PO0482643
Preparer	Firm's name TRAVIS JEFFRIES ,	P.A.		Firm's EIN 🕨 ** - * * * * * *
Use Only	Firm's address 590 W WASHINGTON			
	BOISE, ID 83702-	5953		Phone no. (208) 345-5383
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
532001 12-1	16-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2015) MCPAWS, INC. **-***	* * *	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	_	
	THE MISSION OF MCPAWS REGIONAL ANIMAL SHELTER IS TO PROVIDE SAF		
	SHELTER FOR ABANDONED, SURRENDERED AND LOST CATS AND DOGS, TO F		
	LOVING HOMES FOR ALL ADOPTABLE ANIMALS, TO PROMOTE RESPONSIBLE		
	OWNERSHIP AND REDUCE OVERPOPULATION THROUGH SPAY AND NEUTER SER	VICE	S.
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	benses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 290, 104 · including grants of \$) (Revenue \$	41,	5 49.)
	IN 2015, MCPAWS, INC. FOUND HOMES FOR 98.5% OF ALL ADOPTABLE AN	IMAL	S.
	THE SHELTER TOOK IN 552 ANIMALS DURING THE YEAR AND HAD 382 ANI	MALS	
	ADOPTED, 129 ANIMALS WERE RETURNED TO THEIR OWNERS, 36 ANIMALS	WERE	
	TRANSFERRED IN FROM OR TO OTHER SHELTERS, 4 ANIMALS WERE EUTHAN	IZED	FOR
	HEALTH REASONS AND 1 ANIMAL WAS EUTHANIZED FOR BEHAVIOR REASONS	•	
	IN 2015 MCPAWS, INC.'S SPAY AND NEUTER PROGRAM WAS SUCCESSFUL I	N	
	SPAYING		
	AND NEUTERING ALL ADOPTED ANIMALS THAT WERE NOT ALREADY ALTERED	. IN	
	ADDITION MCPAWS, INC. PROVIDED FOUR SPAY AND NEUTER CLINICS FOR	LOW	
	INCOME MEMBERS OF THE COMMUNITY.		
4b			238 .)
	MCPAWS, INC OPERATES A THRIFT STORE IN MCCALL, ID THAT SELLS CL		
	AND OTHER NON-CASH ITEMS DONATED BY THE PUBLIC. PROCEEDS FROM		
	SOLD AT THE THRIFT STORE ARE USED AS FINANCIAL SUPPORT FOR THE	ANIM	ALS
	AND OVERALL OPERATIONS OF MCPAWS, INC ANIMAL SHELTER.		
	·		
40			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 452,565.		
		Form 9	90 (2015)

Form	990	(2015)

Form 990 (2015) MCPAWS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2		2	X	
3	Did the organization required to complete Schedule B, Schedule of Contributors?	~		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		х
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
	complete concease of a furthin			

Form **990** (2015)

	990 (2015) MCPAWS, INC. **-***	* * * *	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No", go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
-		_	000	

38 X	
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Form **990** (2015)

Form	990 (2015) MCPAWS, INC.		**_***	* * *	P	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ole gaming			
Ŭ	(gambling) winnings to prize winners?			1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Za	filed for the calendar year ending with or within the year covered by this return	2a	34			
h				2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			20		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction:			0-	х	
				3a or	X	├──
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	~~~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		
b	If "Yes," enter the name of the foreign country:		(
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	9			
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	<u> </u>				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	<u> </u>				
~	amounts due or received from them.)	11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa		
		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	· · · · · · · · · · · · · · · · · · ·			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
b		400				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44		X
				14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	юО		14b		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			37
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		:	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	-		
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{ID}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PAM WISSENBACH - 208-634-4006			
	PO BOX 1375, MCCALL, ID 83638			

MCPAWS, INC.

Form 990 (2015)

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Page **6**

Part VII Compensation of Officers, D	Directors, Trustees, Key Employees, Highest Compensated	
Employees, and Independen	nt Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless pers		s person is both an a director/trustee)		h an	compensation	compensation	amount of
	week						(ee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	ы	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) TONI SLAYMAKER	2.00									
DIRECTOR		х						0.	0.	0.
(2) RANDY ZUNIGA	2.00									
DIRECTOR		X						0.	0.	0.
(3) REBECCA WALLICK	40.00									
EXECUTIVE DIRECTOR			Х					41,241.	0.	0.
(4) DENISE COBB	5.00									
PRESIDENT				Х				0.	0.	0.
(5) JANET FLEMING	2.00									_
SECRETRAY				х				0.	0.	0.
(6) PAM WISSENBACH	10.00									_
TREASURER			r	х				0.	0.	0.
(7) DUANE COFFEY	15.00									_
VICE PRESIDENT				Х				0.	0.	0.
		<u> </u>								
		-								
		1								
		-								
		1								
		1								

	990 (2015)) MCPAW	VS, INC.								**_***	* * * *	*	Page 8
Par	t VII Sec	tion A. Officers, Director	rs, Trustees, Key Em	ploy	/ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
	(A) Name and title		(B) Average hours per week (list any	Average hours per week					th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	nated Int of
				Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organi and re	nsation the zation elated zations
				<u> </u>										
				<u> </u>										
				-										
				<u> </u>										
				<u> </u>								_		
	Sub-total									41,241.).		0.
		n continuation sheets to I lines 1b and 1c)								0. 41,241.).		0.
2	Total num	ber of individuals (includir ation from the organizatior	ng but not limited to th						ho r	received more than \$100	0,000 of reportable			0
	Componed					~							Ye	
3		ganization list any former "Yes," complete Schedule										3	2	x
4	For any in	dividual listed on line 1a, i d organizations greater th	is the sum of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			x
5	Did any pe	erson listed on line 1a receipton to the organization? If "Ye	eive or accrue compe	nsat	ion f	rom	any	/ uni	relat	ted organization or indiv				x
Sec		ependent Contractors		01	0/ 30		0073	SOIL					<u> </u>	
1	-	this table for your five hig zation. Report compensation	-	-								ensatic	on fror	n
			(A) usiness address	NC	ONE	3				(B) Description of s	services	Com	(C) pensa	ation
2		ber of independent contra		iot lii	mite	d to		se li: 0	steo	d above) who received n	nore than			

n 990 (2 art VIII		S, INC.				**_***	*** Pag
irt VIII	_		or poto to opy lip	a in this Dart VIII			Г
	Check if Schedule O cont	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 514
1 a b c d e f g h	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contribut	ions) 1e	70,941.				
f	All other contributions, gifts, gran	ts, and					
	similar amounts not included above	/e 1f	125,149.				
g	Noncash contributions included in lines	1a-1f: \$	1,668.				
h	Total. Add lines 1a-1f		►	196,090.			
			Business Code				
2 a			900099	272,238.	272,238.		
b	SHELTER FEES		900099	22,576.	22,576.		
2 a b c d e				<u>~</u>			
d							
е							
'	All other program service reve			004 014			
	Total. Add lines 2a-2f			294,814.			
3	Investment income (including			2 264	2 2 4		
	other similar amounts)		F	2,364.	2,364.		
4	Income from investment of tax	• •					
5	Royalties						
		(i) Real	(ii) Personal				
	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)						
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
a	Less: cost or other basis						
	and sales expenses						
	Gain or (loss)						
	Net gain or (loss) Gross income from fundraising						
ða							
	including \$ contributions reported on line						
	Part IV, line 18	TC). See	45 808				
h	Less: direct expenses		8,657.				
	Net income or (loss) from func		• • • • • •	37,151.			37,15
	Gross income from gaming ac	-		5771510			57715
5 0	Part IV, line 19						
h	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less	-					
	and allowances		5,680.				
Ь	Less: cost of goods sold						
	Net income or (loss) from sale			-1,617.		-1,617.	
	Miscellaneous Revenu		Business Code				
11 a	OTHER INCOME		900099	16,609.	16,609.		
b							
c							
d	All other revenue						
	Total. Add lines 11a-11d			16,609.			
				545,411.	313,787.	-1,617.	37,15

MCPAWS, INC.

ιαιιΛ	Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	41,241.		41,241.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	272,457.	272 457		
7	Other salaries and wages	414,431.	272,457.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	33,033.	28,579.	4,454.	
11	Fees for services (non-employees):				
'' a	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1 204	4 204		
12	Advertising and promotion	4,384.	4,384.		
13	Office expenses	13,655.	13,655.		
14	Information technology				
15	Royalties				
16		2,211.	2,211.		
17 10	Travel Payments of travel or entertainment expenses	2,211•	2,211.		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,915.	10,915.		
21	Payments to affiliates		, -		
22	Depreciation, depletion, and amortization	22,313.	17,739.	4,574.	
23	Insurance	6,156.	6,156.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) (
а	CONTRACTED SERVICES	27,423.	27,423.		
b	SUPPLIES	21,519.	21,519.		
С	UTILITIES	20,381.	20,381.		
d	PROFESSIONAL SERVICES	12,054.	12,054.	<u> </u>	
	All other expenses	17,253.	15,092.	2,161. 52,430.	^
25	Total functional expenses. Add lines 1 through 24e	504,995.	452,565.	54,430.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	12-16-15				Form 990 (201

33

34

	rt X	2015) MCPAWS, INC. Balance Sheet			Pag
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	4	Cook non interact bearing	251,462.	1	250,1
	1	Cash - non-interest-bearing	231,402.	2	230,1
	3	Savings and temporary cash investments	49,812.	2	49,8
	4	Pledges and grants receivable, net	49,0120	4	49,0
	5	Accounts receivable, netLoans and other receivables from current and former officers, directors,		4	
	5				
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		5	
	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
6		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets	7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
Ass	7	Notes and loans receivable, net	1,550.	8	4
	8	Inventories for sale or use Prepaid expenses and deferred charges	1,128.	9	
			1,120.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 953, 663.			
	h	basis. Complete Part VI of Schedule D10a953,663.Less: accumulated depreciation10b195,668.	770,782.	10c	757,9
	11	Investments - publicly traded securities	11011020	11	13775
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	5,192.	13	55,1
	14		571520	14	5571
	15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,079,926.	16	1,113,5
	17	Accounts payable and accrued expenses	27,500.	17	28,2
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to current and former officers, directors, trustees,		21	
ities		key employees, highest compensated employees, and disqualified persons.			
Liabili		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	184,394.	23	176,8
	24	Unsecured notes and loans payable to unrelated third parties	-	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	211,894.	26	205,1
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
ů.	27	Unrestricted net assets	806,135.	27	845,3
Sala	28	Temporarily restricted net assets	61,897.	28	63,1
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et∤	32	Retained earnings, endowment, accumulated income, or other funds		32	
-			868 032	00	908 1

806,135. 845,303. 63,145. Unrestricted net assets 27 61,897. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 908,448. 1,113,570. 868,032. 1,079,926. 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances

Form 990 (2015)

Form	1 990 (2015) MCPAWS, INC.	**_***	* * * *	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
	Tatal sevence (reveat actual David) (III) actuary (A) (Inc. 10)		54	5 /	11
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50	<u>, 4</u> 1 0	<u>11.</u> 95.
2	Total expenses (must equal Part IX, column (A), line 25)	3	10	<u>, ,</u>	$\frac{55}{16}$.
3	Revenue less expenses. Subtract line 2 from line 1	4			$\frac{10}{32}$.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	000	5,0	52.
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.00	ь л	10
Do	column (B))	10	900	5,4	48.
Га	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, 5				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

(Form	990	or	990	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

494

17(a)(1)) nonexempt ch	naritable trust.
11	1. F	E

Open to Pu	blic
Inspectio	n

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

	Attach to Form 990 or Form 990-EZ.
Þ	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nai	ne of t	the organization MCDA	WS, INC.				Em		dentification number
P	art I	Reason for Public	-	All organizations must o	omolete th	is nart) Se	e instructions		
					-				
	Grgan	ization is not a private found A church, convention of ch				-	IV A V:)		
1 2	\square						I)(A)(I).		
	\square	A school described in sect					::)		
3	H	A hospital or a cooperative) Entor t	ha haanital'a nama
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	a in sectio	n 170(b)(1)(A)(iii)	J. Enter ti	ne nospital s name,
5		city, and state:	or the henefit of a or		d or oporo	tod by a g	overnmentel unit	doooriba	ad in
5		An organization operated for section 170(b)(1)(A)(iv). (C		bliege of university owne	u or opera	ted by a g	overnmentarunit	describe	
6		A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	antial part of its support	from a gov	ernmental	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	X	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its su	oport from	contributio	ons, membership	o fees, an	nd gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions	, and (2) no	o more tha	n 33 1/3% of its :	support	from gross investment
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the orgar	nization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	sively to test for public sa	afety. See	section 50)9(a)(4).		
11		An organization organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to carry	out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509	(a)(3). Cł	heck the box in
		lines 11a through 11d that	describes the type of	of supporting organization	on and con	nplete lines	s 11e, 11f, and 11	1g.	
á	ı 🗌	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typi	ically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees	of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
ł)	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organization(s	s), by hav	ving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage	the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
Ċ	;	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally i	ntegrate	d with,
		its supported organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
c	1 🗌	Type III non-functionally	y integrated. A supp	porting organization ope	rated in co	nnection v	vith its supported	d organiz	ation(s)
		that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and ar	n attentiv	/eness
		requirement (see instruct	ions). You must co r	mplete Part IV, Section	s A and D,	and Part	v .		
e	•	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, T	Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
1	f Ente	er the number of supported o	organizations						
		vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount of mo	-	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see		other support (see
					Yes	No	instructions	5)	instructions)

Total

Schedule A (Form 990 or 990-EZ) 2015

Schedule	A (F0
Part II	S

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(a) 2011	(6) 2012	(0) 2010	(4) 2014	(0) 2010	(i) iotai
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10))			40	
	Gross receipts from related activities,	-					
13	First five years. If the Form 990 is for						
organization, check this box and stop here							
-	Public support percentage for 2015 (I			column (f))		14	%
	Public support percentage for 2013 (Public support percentage from 2014		•			15	%
104	6a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
172	and stop here. The organization qualifies as a publicly supported organization						
a	and if the organization meets the "fac						
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
U		-					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
12	Private foundation. If the organizatio						
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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 MCPAWS, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

_ Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 13 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 1 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b		-					
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	20							

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			L
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ĺ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ĺ		
	controlled the organization's activities. If the organization had more than one supported organization,	l		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ĺ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	·		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l		
	or management of the supporting organization was vested in the same persons that controlled or managed	l		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	l		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	l		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ĺ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a	l		
	significant voice in the organization's investment policies and in directing the use of the organization's	l		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		L
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	wetter		
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	Ì	No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ĺ		
	the supported organization(s) to which the organization was responsive? If ites, then in Fart vindentry those supported organizations and explain how these activities directly furthered their exempt purposes,	ĺ		
	how the organization was responsive to those supported organizations, and how the organization determined	ĺ		
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> 2</u> a		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
			. ,	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard.

3b

Schedule A (Form 990 or 990-EZ) 2015 MCPAWS, INC. Part V Type III Non-Functionally Integrated 50

1

 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	intear	ated Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

Image: Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations. Current 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. Couling extended accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exemptuse assets Counting extended accomplish exempt purposes of supported organizations. 5 Couling extended into four INS approval regulared). Extended extended accomplish exempt purposes of supported organizations. 6 Other distributions (describe in Part VI). See instructions. Total annual distributions (add lines 1 through 6. 7 Total annual distributions (add lines 1 through 6. Excess Distributions Imprivation of the Coling of the Colin	
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instructions).	
7 Excess distributions carryover to 2016. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a a	
b	
c Excess from 2013	
d Excess from 2014	
e Excess from 2015	

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

Organization type (check one):

MCPAWS, INC.

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

MCPAWS, INC.

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1101 110	D, 110.
Part I	Contributors (see instruction

Itors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d)
<u>1</u>	Name, address, and ZIP + 4 DOROTHY MOATE 14422 N.E. 16TH PL BELLEVUE, WA 98007	\$ <u>8,000.</u>	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRIENDS OF THE MCPAWS FUND C/O IDAHO COMMUNITY FOUNDATION 210 WEST STATE STREET	\$12,208.	Person X Payroll Noncash (Complete Part II for
	BOISE, ID 83702		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEVEN C LEUTHOLD FAMILY FOUNDATION 750 COW HORSE DRIVE KUNA, ID 83634	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE MARY BRADOF FOUNDATION PO BOX 1531 EAGLE, ID 83616	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARK AND KRISTINA PICKARD PO BOX 69 DONNELLY, ID 83615	\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

Page

MCPAWS, INC.

Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	nization		Employer identification number
MCPAWS	. INC.		**_****
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	columns (a) through (e) and the following I us, charitable, etc., contributions of \$1,000 or less fo	tion 501(c)(7), (8), or (10) that total more than \$1,000 for ine entry. For organizations or the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
- - (a) No.			, , ,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
	Transferee's name, address, a	and $\mathbf{7IP} \pm 4$	Relationship of transferor to transferee
-			
(a) No			1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			·
-			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
-			

(Form	990)
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532051 11-02-15

 Supplemental Financial Statements

 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

TNO

MODALIO

Employer identification number ** * * * * * * *

D	MCPAWS, INC.		
Pa			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		prically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
0		ind a superior state the time in the form	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	
_	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		the organization of accounting for
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		ant and balance aboat works of art
Ia		·· ·	
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 MCPAWS ,						* * * * * *	Page Z
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures, o	r Other	Similar Ass	ets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	are a sigr	nificant use of it	s collectior	n items
	(check all that apply):							
а	Public exhibition	d		change progra	ms			
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						art XIII.	
5	During the year, did the organization solicit of						_	
De	to be sold to raise funds rather than to be ma						Yes	└── No
Pa	t IV Escrow and Custodial Arran		te if the organizati	on answered "	Yes" on Fo	orm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa		iou fou contributio					
па	Is the organization an agent, trustee, custod						Vee	
h	on Form 990, Part X?					L	Yes	└── No
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.				Amount	
~	Reginning balance					1c	Amount	
	Beginning balance Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					16 1f		
2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-			
Pa								
		(a) Current year	(b) Prior year) Three years bac	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships			7				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	red for the	organization	г	
	by:							Yes No
	(i) unrelated organizations							
b	If "Yes" on line 3a(ii), are the related organiza			?			3b	
Pa	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunds.					
1 4	Complete if the organization answere		Part IV line 11a	See Form 990	Part X lin	no 10		
	Description of property	(a) Cost or of		t or other		umulated	(d) Book	
	Description of property	basis (investr		s (other)		eciation		value
19	Land		,	74,940.	Gopic		2.74	1,940.
	Buildings			91,100.	4	10,593.),507.
	Leasehold improvements			71,073.		54,540.		5,533.
	Equipment			16,550.		0,535.		5,015.
	Other							
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			75	7,995.

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost	
1) Financial derivatives	()		, ,
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market valu
., .			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	9 15.)		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of (a) Paravisition of liability		e 11e or 11f. See Form 990, Part X, I	
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		e 11e or 11f. See Form 990, Part X, I	
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		e 11e or 11f. See Form 990, Part X, I	►
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		e 11e or 11f. See Form 990, Part X, I	ne 25.
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		e 11e or 11f. See Form 990, Part X, I	ne 25.
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) 		e 11e or 11f. See Form 990, Part X, I	>
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) 		e 11e or 11f. See Form 990, Part X, I	ne 25.
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) 		e 11e or 11f. See Form 990, Part X, I	ne 25.
 (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) 		e 11e or 11f. See Form 990, Part X, I	ne 25.
(5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)		e 11e or 11f. See Form 990, Part X, I	ne 25.
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) 	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, I	ne 25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2015	MCPAWS,	INC.
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Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	563,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,668.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,954.		
е	Add lines 2a through 2d			2e	17,622.
3	Subtract line 2e from line 1			3	545,411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	545,411.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	522,617.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4 6 6 6		
а			1,668.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	15,954.		
е				2e	17,622.
3	Subtract line 2e from line 1			3	504,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	504,995.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740, MCPAWS, INC. HAS EVALUATED ITS OPERATIONS
AS OF DECEMBER 31, 2015 AS COMPARED TO ITS ORIGINAL APPLICATION FOR
TAX-EXEMPT NOT-FOR-PROFIT STATUS. THE EVALUATION ALSO CONSIDERED THE
POSSIBILITY OF TRANSACTIONS THAT MAY BE SUBJECT TO INCOME TAX ON UNRELATED
BUSINESS INCOME. TAX POSITIONS CONSIDERED, BUT NOT LIMITED TO INCLUDED:
A) MCPAWS, INC.'S CHARACTERIZATION OF ITS ACTIVITIES AS RELATED OR
UNRELATED TO ITS EXEMPT PURPOSE, AND B) MCPAWS, INC.'S ALLOCATION OF
REVENUE AND EXPENSES BETWEEN ACTIVITIES THAT RELATE TO ITS EXEMPT PURPOSE
AND THOSE THAT COULD BE CONSIDERED UNRELATED BUSINESS INCOME. UPON THE
EVALUATION, MCPAWS, INC. DOES NOT BELIEVE IT HAS ANY BUSINESS ACTIVITIES
IN PLACE THAT WOULD CAUSE ITS TAX-EXEMPT NOT-FOR-PROFIT STATUS TO NOT BE
532054 09-21-15 Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SUSTAINED UPON AUDIT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE

RETAIL EXPENSES NETTED WITH RETAIL REVENUES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE

RETAIL EXPENSES NETTED WITH RETAIL REVENUES

SCHEDULE D PAGE 4 PART XII

RECONCILIATION FOR SCHEDULE D CONSISTS OF EXPENSES NETTED WITH REVENUES

FOR FUNDRAISING AND EXPENSES REPORTED ON 990-T FOR UNRELATED BUSINESS

INCOME FROM SALES OF PET FOOD AND SUPPLIES.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the o	organizatio rganization	mation Regarding n answered "Yes" on entered more than \$1 ▶ Attach to Form 990 e G (Form 990 or 990-EZ	Form 9 5,000) or Fo	990, P on Foi rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19), or if the	OMB No. 1545-0047
Name of the organization		bout Schedule	e G (Form 990 or 990-EZ) and its	sinstru	ictions is at www.no.g	<u>jov/n</u>		entification number
	MCPAWS,	INC.						**_***	****
	ing Activities. complete this part		the organization answe	ered "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations in have a written c ed in Form 990, P n highest paid indi	ed funds thr or oral agreen art VII) or ent viduals or en	e Solicita f Solicita g Specia nent with any individua ity in connection with p tities (fundraisers) pure	tion of tion of I fundra I (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
			\mathbf{O}						
Total		<u></u>							
3 List all states in whi or licensing.	ch the organizatio	n is registere	ed or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2015

 Schedule G (Form 990 or 990-EZ) 2015
 MCPAWS , INC .
 ** - ** ** ** Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	ross income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1 VARIOUS EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	45,808.			45,808.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	45,808.			45,808.
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā		Entortoinmont				
	8 9	Entertainment Other direct expenses				8,657.
	10	Direct expense summary. Add lines 4 throug	-		•	8,657.
	11		line 3, column (d)		►	37,151.
Pa	irt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
anc			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ē	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	└── Yes %	
	6	Volunteer labor	No No	└── No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization cond	ucts gaming activities.			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10-	14/-	ere any of the organization's gaming licenses r		main at a during the track	(0.0×2)	Yes No

Sch	hedule G (Form 990 or 990-EZ) 2015 MCPAWS, INC. **-	_ * * * *	* * * *	Page 3							
_	Does the organization conduct gaming activities with nonmembers?		Yes	No							
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed										
	to administer charitable gaming?		Yes	🗌 No							
13	Indicate the percentage of gaming activity conducted in:										
	a The organization's facility	13a		%							
	b An outside facility			%							
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:										
	Name										
	Address										
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No							
ł	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount										
	of gaming revenue retained by the third party \triangleright \$										
	c If "Yes," enter name and address of the third party:										
``											
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation 🕨 \$										
	Description of services provided										
	Director/officer Employee Independent contractor										
47											
	Mandatory distributions:										
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No							
	retain the state gaming license?		162								
Ľ	organization's own exempt activities during the tax year > \$										
D	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	L lines 0	0h 1)h 15h							
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, 11165 9	, 90, 10	56, 156,							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of the	organization
-------------	--------------

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer	ide	nt	ifi	Ca	ati	or	۱r	umb	er
*	*_	*	*	*	*	*	*	*	

MCPAWS, INC.

Par	tI	Types of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	etermin	ing	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ai	nount	S
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		s and publications							
5		ing and household goods	Х		0.				
6		and other vehicles							
7		s and planes							
8		ectual property							
9		rities - Publicly traded							
10		rities - Closely held stock							
11		rities - Partnership, LLC, or							
	trust	interests							
12		rities - Miscellaneous							
13	Qual	fied conservation contribution -							
	Histo	ric structures							
14	Qual	fied conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18	Colle	ctibles							
19		inventory							
20		s and medical supplies							
21	Taxio	lermy							
22		rical artifacts							
23	Scier	ntific specimens							
24	Arch	eological artifacts							
25	Othe	r 🕨 ()							
26	Othe	r 🕨 ()							
27	Othe	r 🕨 ()							
28	Othe	r 🕨 ()							
29		ber of Forms 8283 received by the organiz							
	for w	hich the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
								Yes	No
30a	Durir	ig the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throug	h 28, that it			
		hold for at least three years from the date		,					
		npt purposes for the entire holding period?	?				30a		X
b		es," describe the arrangement in Part II.							
31		the organization have a gift acceptance p				itions?	31	Х	
32a		the organization hire or use third parties of		•					
	cont	ibutions?					32a		X

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA	For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.
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Schedule M (Form 990) (2015)

33

b If "Yes," describe in Part II.

Schedule M (Form 990) (2015) MCPAWS, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NON-CASH DONATIONS FROM MULTIPLE DONORS ARE RECEIVED THROUGHOUT THE

YEAR TO BE SOLD IN THE THRIFT STORE OPERATED BY MCPAWS, INC.

SCHEDULE M, LINE 33:

REVENUES FOR ITEMS DONATED TO THE THRIFT STORE OPERATED BY MCPAWS, INC.

ARE RECOGNIZED WHEN THE DONATED ITEMS ARE SOLD, IN AN AMOUNT EQUAL TO

CASH RECEIVED. THRIFT STORE REVENUES INCLUDED \$272,238 FROM SALES OF

DONATED ITEMS FOR THE YEAR ENDED DECEMBER 31, 2015.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical Mathematical Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fet	ZU15 Open to Public								
Name of the organization MCPAWS, INC.	Employer identification number * * _ * * * * * * *								
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:								
AND LOST CATS AND DOGS, TO FIND LOVING HOMES FOR ALL ADOPTABLE ANIMALS,									
TO PROMOTE RESPONSIBLE PET OWNERSHIP AND REDUCE OVERPOPULATION THROUGH									
SPAY AND NEUTER SERVICES.									
FORM 990, PART VI, SECTION B, LINE 11:									
ORGANIZATION REVIEWS 990 PRIOR TO SUBMITTING TO IRS									
FORM 990, PART VI, SECTION B, LINE 12C:									
THE BOARD OF DIRECTORS OVERSEES AND ENFORCES COMPLIANCE W	ITH THE								
ORGANIZATION'S CONFLICT OF INTEREST POLICY AS OUTLINED IN	THE BOARD OF								
DIRECTOR'S BYLAWS.									
FORM 990, PART VI, SECTION B, LINE 15:									
BOARD REVIEWS AND APPROVES EXECUTIVE DIRECTOR COMPENSATION	N DURING ANNUAL								
BUDGET APPROVAL									
FORM 990, PART VI, SECTION C, LINE 19:									
THE ORGANIZATION HAS REQUIRED INFORMATION AVAILABLE UPON D	REQUEST ON FILE AT								
THE OFFICE OF THE ORGANIZATION									
FORM 990 PART XII LINE 2C									
THE OVERSIGHT PROCESS AND SELECTION PROCESS FOR THE ORGAN	IZATION'S								
AUDIT, REVIEW, OR COMPILATION OF THEIR FINANCIAL STATEMENT	IS HAS NOT								
CHANGED FROM THE PRIOR YEAR.									

Form	Form 990-T Exempt Organization Business Income Tax Return									
		(and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning , and ending		2015						
	tment of the Treasury	► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.	_	Open to Public Inspection for						
A	al Revenue Service Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.)	DEmpl	501(c)(3) Organizations Only over identification number loyees' trust, see						
	address changed	ess changed								
	$\frac{1}{501}$	empt under section 501(c)(3) Print MCPAWS, INC. Number, street, and room or suite no. If a P.O. box, see instructions.								
] 408(e) [] 220(e)		ated business activity codes nstructions.)							
]408A 530(a)]529(a)	453	000							
	why value of all assets and of year , 113, 570.	F Group exemption number (See instructions.)								
_1	,113,570.	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust		Other trust						
		on's primary unrelated business activity. RETAIL SALES OF PET FOOD AND S								
		s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► and identifying number of the parent corporation. ►	Ye	es X No						
		$f \triangleright PAM WISSENBACH Telephone number \triangleright 2$	08-	634-4006						
		ed Trade or Business Income (A) Income (B) Expenses		(C) Net						
	Gross receipts or sal									
	Less returns and allo									
		(Schedule A, line 7) 2 4,571.								
3	Gross profit. Subtrac			1,109.						
4 a	Capital gain net incor	me (attach Schedule D) 4a								
b	Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 4797) 4b								
C		on for trusts 4c								
5	Income (loss) from p	partnerships and S corporations (attach statement) 5								
6	Rent income (Schedu									
7		Iced income (Schedule E) 7								
8		oyalties, and rents from controlled organizations (Sch. F) 8								
9		of a section 501(c)(7), (9), or (17) organization (Schedule G) 9								
10		tivity income (Schedule I) 10								
		(Schedule J) 11								
12		12 12 as 3 through 12 13 1,109.		1,109.						
		es 3 through 12 1, 109.		1,109.						
Га	(Except for	contributions, deductions must be directly connected with the unrelated business income.)								
14		fficers, directors, and trustees (Schedule K)	14	431.						
15		5	15	1,722.						
16		enance	16							
17			17							
18		iedule)	18	573.						
19 00	Laxes and licenses	tione (Concisednustions for limitation mulae)	19	575.						
20 21		tions (See instructions for limitation rules)	20							
21		h Form 4562) 21 22a	22b							
22	B 1.1		220							
24	• • • • • • • • • • • • • • • • • • • •	oferred compensation plans	24							
25	Employee benefit pr		25							
26		enses (Schedule I)	26							
27	Excess readership of	costs (Schedule J)	27							
28	Other deductions (a	attach schedule)	28							
29		s. Add lines 14 through 28	29	2,726.						
30		taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,617.						
31		deduction (limited to the amount on line 30) SEE STATEMENT 1	31							
32		taxable income before specific deduction. Subtract line 31 from line 30	32	-1,617.						
33		(Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.						
34	Unrelated business	s taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or								
52370			34	-1,617.						

Form 990-T (2	015) MCPAWS, INC. **-***	* * * *		Page 2				
Part III	Tax Computation							
	rganizations Taxable as Corporations. See instructions for tax computation.							
	ontrolled group members (sections 1561 and 1563) check here F See instructions and:							
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
	(1) \$ (2) \$ (3) \$							
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$							
	2) Additional 3% tax (not more than \$100,000)							
		250		0.				
с II 00 т	come tax on the amount on line 34 I rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	35c		0.				
36 T								
07 D	Tax rate schedule or Schedule D (Form 1041)	36						
	roxy tax. See instructions	37						
38 A	Iternative minimum tax	38						
	otal. Add lines 37 and 38 to line 35c or 36, whichever applies	39		0.				
	Tax and Payments							
	preign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a							
	ther credits (see instructions) 40b							
	eneral business credit. Attach Form 3800 40c							
	redit for prior year minimum tax (attach Form 8801 or 8827) 40d							
	otal credits. Add lines 40a through 40d	40e						
41 S	ubtract line 40e from line 39	41		0.				
42 0	ther taxes. Check if from: 🔄 Form 4255 🦳 Form 8611 💭 Form 8697 💭 Form 8866 💭 Other (attach schedule)	42		_				
43 T	otal tax. Add lines 41 and 42	43		0.				
44 a P	ayments: A 2014 overpayment credited to 2015 44a							
b 2	015 estimated tax payments 44b							
C T	ax deposited with Form 8868 44c							
	preign organizations: Tax paid or withheld at source (see instructions)							
e B	ackup withholding (see instructions) 44e							
fC	redit for small employer health insurance premiums (Attach Form 8941)							
	ther credits and payments:							
_	□ Form 4136 □ Other							
45 T	otal payments. Add lines 44a through 44g	45						
46 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	46						
	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0.				
	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0.				
	nter the amount of line 48 you want: Credited to 2016 estimated tax	49						
Part V	Statements Regarding Certain Activities and Other Information (see instructions)							
	time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	ount (bank	Yes	No				
-	ties, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Finar		100					
		olar		Х				
2 During	nts. If YES, enter the name of the foreign country here the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file.			X				
	the amount of tax-exempt interest received or accrued during the tax year > \$							
	le A - Cost of Goods Sold. Enter method of inventory valuation COST							
	ory at beginning of year 1 1,550.6 Inventory at end of year	6	4	49.				
2 Purch								
	······································	7	4,5	71				
		_/	Yes					
			Tes	No				
	4b property produced or acquired for resale) apply to Add lines 1 through 4b 5 5,020.			х				
5 Total.	Add lines 1 through 4b 5 5,020. the organization? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know		is true					
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	louge and beller, it	10 1 00,					
Here		y the IRS discuss th		with				
		e preparer shown bel tructions)? ΧΥ						
			es	No				
	Print/Type preparer's name Preparer's signature Date Check if	PTIN						
Paid	KELLY D. SONNICHSEN, self-employed		1612					
Prepar		P00482		*				
Use Or	Iy Firm's name ► TRAVIS JEFFRIES, P.A. Firm's EIN ► 590 W WASHINGTON ST							
		200/245	E 2 0	2				
	Firm's address ► BOISE, ID 83702-5953 Phone no. (208)345-	-238	<u> </u>				

Form 990-T (2015) MC	PAWS, INC
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Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1.	Description	of	property
----	-------------	----	----------

(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
rent for personal property is more than for personal property is more than			ent for pe	d personal proper rsonal property ex is based on profit	ceeds 50%	centage or if	3(a) Deductions dire columns 2(a	ctly cor a) and 2(nected with the income in b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total				0.			
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	nn (A)	►				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)		0.
Schedule E - Unrelated De	ebt-Financec	l Income	e (see ir	nstructions)					
				0			3. Deductions directly to debt-fin	connect	ed with or allocable
1	<i>.</i>			 Gross inc or allocable 	e to debt-	(a)	Straight line depreciation		(b) Other deductions
1. Description of debt	-financed property			financed p	property		(attach schedule)		(attach schedule)
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-fina		e adjusted basis allocable to anced property th schedule) 6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					9	6			
(2)					0	6			
(3)					0	6			
(4)					0	6			
							nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						▶		0.	0.
Total dividends-received deductions	included in colum	18							0.
Schedule F - Interest, Ann	uities, Roya	ties, and	d Ren	ts From Co	ontrolle	ed Orga	nizations (see ir	nstruc	tions)
		Ľ	Exempt	Controlled O	rganizatio	ons			
1. Name of controlled organization	2 Employer id num	entification	Net unr (loss) (se	3. related income ee instructions)		4. of specified nents made	5. Part of column 4 included in the control organization's gross	trolling	connected with income
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	ns								
7. Taxable Income 8	Net unrelated incom (see instructions		9 . Tota	al of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, : 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals							0.		0.

Form 990-T (2015) MCPAWS, INC.

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Fotals 🕨	0.	0.				0

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)]			
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation come	6.	Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ons)			
1. Name				2. Title		3. Perce time devot busine	ted to		ensation attributable related business
(1) REBECCA WALLICK			EXECU	TIVE DIREC	TOR		%		431.
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14						►		431.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12 12/31/13 12/31/14	29,059. 6,879. 2,775.	0. 0. 0.	29,059. 6,879. 2,775.	29,059. 6,879. 2,775.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	38,713.	38,713.