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HLK . 14 . CDIT 1 . 7-11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MidA	merica Boston Terr								27-013		
Par	Reason to	or Public Char	ity Status (All organ	nizations	must c	omplete	this par	t.) Ses ii	nstruction	ns.	
1 2 3 4 5	A church, conv A school descr A hospital or a A medical rese hospital's nam An organizatio section 170(b) A federal, state An organizatio	rention of church ibed in section cooperative hos arch organizatio e, city, and state n operated for the (1)(A)(iv). (Composity), or local governant that normally	he benefit of a collec	churches h Schedu tion desc tion with ge or univ	describe de E) white E) white E a hospital versity oversity oversity scribed in	ection 1 al describ	70(b)(1)(9ed in second	b)(1)(A)(i) A)(ii). ction 170 by a go	(b)(1)(A)(l vernmenta	al unit des	cribed in
	☐ A community t	rust described Ir	section 170(b)(1)(A)	(vi). (Con							
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11 e f g	An organization purposes of o 509(a)(3), Checa Type By checking the other than four or section 509 organization, of Since August following person (iii) A family musical following musical family musical following musical family fam	on organized anne or more pub- ck the box that of the box, I certify indation manage (a)(2). attor received a check this box 17, 2006, has the one? who directly or lift the governing both ember of a persentrolled entity of	operated exclusively of operated exclusively of operated exclusive ilicity supported organization of the theory of the organization of the organization acceptation acceptation of the supported of the supported of the organization acceptation described in (i) about the supported of the supported	ely for the lazations is supporting. Type is not contained any contained	e benefit described g organiz e III-Fund ntrolled d e publicly the IRS t grift or co or toget ion? above?	of, to ke in section and calon and c	perform to 509(ed complete integrated indirectly and organical Type	the funct (1)(1) or set the lines 1 d by by one izations of I. Type I ny of the described (M) organizet (N) or set (N)	lons of, coction 509 1e through d or more d described I, or Type	P(a)(2). See th 11th Type II Ilsqualified In section III supp	l-Other if persons 509(a)(1) orting
			(see instructions))	Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
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		1 10 11 1	ल भी र	;	1	1/1	11. 11.	1	1		

Schedule A (Form 990 or 980-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (1) Total Gifts, grants, contributions, and membership fees received. (Do not 17.249.46 19.011.53 23.383.59 36,180 26 40,230,39 136,055.23 Include any "unusual grants.") . . . Tax revenues levied for organization's benefit and either paid n ۵ n 0 0 ٥ to or expended on its behalf . . . The value of services or facilities fumished by a governmental unit to the ٥ ٥ ٥ n organization without charge . . . Total. Add lines 1 through 3. . . . 17,249.46 19,011.53 23,3B3,59 36,180,26 40,230,39 136,055 23 The portion of total contributions by each person (other aovernmentel unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 200B (d) 2009 (e) 2010 (f) Total 17,249,46 Amounts from line 4 19,011.53 23,383.59 36,180.26 40,230.39 136,055.23 8 Gross Income from interest, dividends, payments received on securities loans, ۵ 0 0 a n D rents, royaltles and income from similar sources , Net Income from unrelated business activities, whether or not the business 0 D 0 ٥ n is regularly carried on . . . , Other income. Do not include gain or loss from the sale of capital assets 342.70 573.91 655.10 1.889.09 3.974 16 7 434 96 (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 143,490.19 First five years. If the Form 990 is for the organization's first, second, third, fourth, or flith tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2009 Schedule A, Part II, line 14 % 16a 331/2% support test - 2010. If the organization old not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization mosts the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule	A (Form	GOD O	r non.	ድፖነ	2010

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Part	Support Schedule for Organiza						
	(Complete only if you checked the						er Part II.
Ca at:	If the organization fails to qualify	under the te	esta listad bal	ow, piease co	omplete Part	((.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(4)			(7,550	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		 	 		 	
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			 	ļ	 	
	Amounts Included on lines 1, 2, and 3 received from disqualified persons .				ļ		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	11. ", 55141	anticodi	The state of the s	A CALL STATE		
	Ion B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(1) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(6) 2001	(0) 2008	(1) 2008	(6) 2010	(1) 10(4)
9	Amounts from line 6		 		 	ļ	
104	payments received on securities loans, rents, royalties and income from similar sources.						
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-		nd, third, fourt		/ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Suppo						-
15	Public support percentage for 2010 (line			13, column (f))	•	. 15	%
1B	Public support percentage from 2009 Sc			_ 		. 18	%
	tion D. Computation of Investment In			hidles 12 sale		17	
17		Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)				18	<u>%</u>
18 19a		nization did ni	ot check the b	ox on line 14, a	and line 15 is i	more than 331%	%, and line
ŧ	331/2% support tests - 2009. If the organi	zation did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	33113%, and
••	line 18 is not more than 3315%, check this Private foundation. If the organization d						
20	Fivate ioutidation, if the organization of	ID HOLDHECK		⊶, ₁⊅d, ∪(13U,	CHECK THO DO:	וווכווו טטט טווא א	ictions 🕨 🛴

Schedule A (Form 890 or 990-EZ) 2010							
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).						
Line 10 - fe	es collected during fundraiser events, monetary donations collected for the exchange of used items (i.e. garage sale)						
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MIDAMERICA BOSTON TERRIER RESCUE 14826 SPAULDING ST OMAHA NE 68116



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Title

2 11 20