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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNEL FEB 2 6 2015

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calend		2014 calend	ar year, or tax year beginning January 1 , 2014, and ending De	cember 3	1 , 20 14		
Во	heck if ap	plicable	C Name of organization D Emi	loyer iden	tification number		
	Address c	hange	MidAmerica Boston Terrier Rescue	27-	27-0132384		
	Name cha	ınge		phone num			
=	nitial retur		402.	402-510-1346			
=		n/terminated	14826 Spaulding St City or town, state or province, country, and ZIP or foreign postal code F. Gro	up Exem			
=	Amended Application	return n pending		mber ▶	, , , , , , , , , , , , , , , , , , , 		
-		ting Method:	Official, fee 60 f f		he organization is not		
	Vebsite	•			th Schedule B		
-					EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other	,			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ ¢	142546 11		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions f	143546.11 or Part I\		
	21 L		the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received				
	2		ervice revenue including government fees and contracts	2	31838.57		
	3	_	T T	3	0.00		
	4	Investment	tincome	4	0.00		
	1 _			 	0.00		
	5a	Loop cost	ount from sale of assets other than inventory	7			
	b	Coup or /los	or other basis and sales expenses	→ _			
	C	Gamina an	5c	-39624.98			
	6	Graning an					
Φ	а	\$15,000	one from gaining (attach schedule a progreaten vial)				
Ĕ		Cross	or other basis and sales expenses	4			
Revenue	b	from fundr	me from fundraising events (not woulding \$ \times \	1 1			
Œ		sum of suc	th gross income and contributions exceeds \$15,000 66 34377.54	J i			
			th gross income and contributions exceeds \$15,000,000 6b 34377.54 6c 9464.72	1			
	d	Not incom	4 1				
	ď	Net incom line 6c)					
	-	•		6d	24912.82		
	7a		s of inventory, less returns and allowances	1			
	b		of goods sold	₹1			
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	140.91		
	8		nue (describe in Schedule O)	8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	17267.32		
	10		I similar amounts paid (list in Schedule O)	10	3062.30		
-	11		aid to or for members	11	0.00		
865	12		ther compensation, and employee benefits	12	0.00		
Ë	13		al fees and other payments to independent contractors	13	0.00		
Expenses	14		y, rent, utilities, and maintenance	14	2553.69		
ш	15		15	3997.04			
	16	Other expe	16	7897.43			
	17		enses. Add lines 10 through 16	17	17510.46		
ţ	18		(deficit) for the year (Subtract line 17 from line 9)	18	-243.14		
330	19						
A	1	•	r figure reported on prior year's return)	19	2208.10		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	20	0.00		
	21		or fund balances at end of year. Combine lines 18 through 20	21	1964.96		
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642	1	Form 990-EZ (2014)		

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Form 9	990-EZ (2	014)					Page 2
Pa	rt II	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedul	e O to respond to a	ny question in this	Part II	·	
					(A) Beginning of year	<u> </u>	(B) End of year
22		i, savings, and investments			2208.10		1964.9
23		and buildings			0.00		0.0
24		r assets (describe in Schedule O)			0.00	-	0.00
25		l assets			2208.10		1964.9
26		I liabilities (describe in Schedule O)	(5)		0.00	-	0.0
27		assets or fund balances (line 27 of column			2208.10	27	1964.9
Par	بسجا	Statement of Program Service Accor	•		•	1	Expenses
\A/lp.e	t in the	Check if the organization used Schedul organization's primary exempt purpose?		ny question in this	Part III	(Rec	ured for section
Desc as n	ribe the	e organization's program service accomp d by expenses. In a clear and concise on efited, and other relevant information for e	lishments for each o	of its three largest p e services provided	rogram services, I, the number of		c)(3) and 501(c)(4) inizations, optional for is)
29	(Grant	s\$) If this amoun	t includes foreign gra			28a	
30	(Grant	s\$) If this amour	t includes foreign gra			29a	
	(Grant	program services (describe in Schedule O)	t includes foreign gra	ants, check here	 ▶ □	30a 31a 32	
	t IV	List of Officers, Directors, Trustees, and Ke					tions for Part I\A
гаг		Check if the organization used Schedul				isu u	
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ	6	Estimated amount of other compensation
Jenn	ifer Mis	fel c t	President, 40 hrs/				
1482	6 Spaul	ding St, Omaha, NE 68116	wk	0		0	0
sue /	Adkins		Treasurer, 15 hrs/			-	
<u>5020</u>	Q Stree	t, Omaha, NE 68117	wk	0		0	0
Jami	e Zabro	ski				İ	
<u>6348</u>	S 95th	St, Omaha, NE 68127	Secretary, 5 hrs/wk	0		0	0
						-	
	·						
						\bot	
	,		- -	1	ł		
		·		-		+	
	·				1		
				 		+	
	,						
		· · · · · · · · · · · · · · · · · · ·	 	 	 	+	
				 		+	
			 	 	 	+-	

Part				<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧	
22	Diddha annaigh a gasairt agus a ta tha ann an a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	-	1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			_
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	~ . ~	√
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		 •
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			-
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		·- · · ·	
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			;
	Financial Accounts (FBAR).			-
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the emergation maintain any depart advised funds during the user If I Farm 000 marks		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School to O		. [
AE _C	explanation in Schedule O	44d		<u> </u>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
U	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	ar		
		45b		✓

Form 996	0-EZ (2	014)	· · · · · · · · · · · · · · · · · · ·						Page 4
		he organization engage, directly or ndidates for public office? If "Yes,"					on 46	Yes	No
Part \	Л	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	s only ns must answer que	estions 47-49b ar	nd 52, and	d complete the		<u> </u>	ies
		Check if the organization used So	chedule O to respond	d to any question	in this Par	t V I	· · ·	Yes	No
		he organization engage in lobbying		section 501(h) elec		ect during the t	ax 47		1
49a	Did t	organization a school as described ne organization make any transfers	to an exempt non-cha	aritable related orga			48 49		1
	Com	es," was the related organization a so plete this table for the organization on oyees) who each received more that	s five highest comper	nsated employees (other than	officers, directo		lees ar	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) F contribu	lealth benefits, trions to employee plans, and deferred empensation	(e) Estima		ount of
			-						
			-						
		······	-						_
			-			<u> </u>			
f	Total	number of other employees paid o	ver \$100,000	>					
51		plete this table for the organization,000 of compensation from the org			ent contra	ctors who each	receive	nom to	e thar
	(a)	Name and business address of each indeper	dent contractor	(b) Type of	service	(c)	Compensa	ition	
				-					
									
	_						· · · · · · · · · · · · · · · · · · ·		<u></u> ,.
d	Total	number of other independent conti	actors each receiving	over \$100,000 .					
52	comp		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	· · · · · ·	►⁄ Ye		No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other this					owledge a	nd belief.	, it is
Sign		Signature of efficer	11			Date Date	200	2 (C)(
Here		Jennifer Misfeldt. President	·						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check			
Prepa		Firm's name ▶	1		1	self-employ	.ea.l		
Use (JNIY	Firm's address >		· 		Phone no			

May the IRS discuss this return with the preparer shown above? See instructions

► ✓ Yes □ No

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

MidA	nerica	Boston Terrier Rescue					27-01	32384
Par		Reason for Public Cha	rity Status (All	organizations must	comple	te this p		
The d		zation is not a private founda		•	-	•	•	
1		church, convention of churc			ibed in se	ection 17	'0(b)(1)(A)(i).	
2		school described in section						
		hospital or a cooperative hos						
4		medical research organizationspital's name, city, and state		onjunction with a hosp	ortal desc	inbed in s	section 170(b)(1)(A)	(iii). Enter the
_		n organization operated for		collogo or university			ad by a gayammant	al wast dooosbad is
5		ection 170(b)(1)(A)(iv). (Com		college of university	owned C	r operate	ed by a government	ai unii described ii
6		federal, state, or local gover	•			• •		
7	de	organization that normally escribed in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		a gover	nmental unit or fron	n the general public
	_	community trust described in			•			
9	9 Light 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.)							
10	☐ An	n organization organized and	operated exclusion	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	•	Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	anization vested in th				
С		Type III functionally integrats supported organization(s)	i ted . A supportir	ng organization opera			· · · · · · · · · · · · · · · · · · ·	y integrated with,
d	t	Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	distribut	on requirement and	
е		Check this box if the organiz	ation received a	written determination	from the	IRS that	rt is a Type I, Type I	I, Type III
f	Ente	er the number of supported o	organizations .					[
g	Prov	ride the following information	about the supp	orted organization(s).				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(see instructions))	Yes	No		
					103	140		
(A)		· · · · · · · · · · · · · · · · · · ·						
(B)			-					
(C)								
(D)								
(E)								
Total								

	(Complete only if you checked the Part III. If the organization fails to						lify under
Secti	on A. Public Support	quality diluc	THE COLO IIS	ted below, pi	case comple	to rait iii.j	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,230.39	16,397.51	24,081.75	23,889.26	31838.57	136437.48
2	Tax revenues levied for the organization'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	40,230.39	16,397.51	24,081.75	23,889.26	31838.57	136437.48
5	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)					3	
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	40,230.39	16,397.51	24,081.75	23,889.26	31838.57	136437.48
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,974.16	1,923.50	2,600.00	2,500.00	2500.00	13497.66
11	Total support. Add lines 7 through 10						149935.14
12	Gross receipts from related activities, etc.	-	-			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her						<u> ▶ □</u>
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·		··· •	
14	Public support percentage for 2014 (line 6		•			14	<u> </u>
15	Public support percentage from 2013 Sch					15	<u>%</u>
16a	331/3% support test—2014. If the organization qual						
h	331/3% support test—2013. If the organ			-			_
	check this box and stop here. The organi	zation qualifies	as a publicly	supported orga	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization me	on meets the	"facts-and-cir	cumstances"	test, check th	is box and sto	and line op here. publicly
18	supported organization	d not check a b	oox on line 13,		or 17b, checl	this box and	. ► ∐ see

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

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

(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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		1-7		1		
	received. (Do not include any "unusual grants.")		1				
2	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			<u> </u>	l '		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	1		1			
	organization's benefit and either paid	l .		•			
	to or expended on its behalf					_,	
5	The value of services or facilities						
	furnished by a governmental unit to the				1		
	organization without charge						<u> </u>
6	Total. Add lines 1 through 5		ļ. <u></u>	ļ	ļ		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3	l		[[
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b				 		
8	Public support (Subtract line 7c from						
	line 6.)		})]		
Secti	on B. Total Support	·	 		<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	!					
	payments received on securities loans, rents,			}			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			}	1		
_		ļ				 .	
_	Add lines 10a and 10b	·····					
11	activities not included in line 10b, whether	İ					
	or not the business is regularly carried on	i		l .			
12	Other income. Do not include gain or			<u> </u>			
	loss from the sale of capital assets						
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						1
	and 12.)				<u> </u>		<u></u>
14	First five years. If the Form 990 is for the	_			•		
	organization, check this box and stop he			<u> </u>	<u> </u>		<u> ▶ □</u>
	on C. Computation of Public Suppor			(0)		1 451	
15	Public support percentage for 2014 (line					15	<u>%</u>
16 Secti	Public support percentage from 2013 Sci on D. Computation of Investment In			<u> </u>	· · · · ·	16	%
17	Investment income percentage for 2014 (v line 13 colu	mn (fl)	17	
18	Investment income percentage from 2013			=		18	% %
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than	
	line 18 is not more than 331/3%, check this	-	_	· · · · · · · · · · · · · · · · · · ·			_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instr	uctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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	Supp	ortina	Organiz	zations
		-app.	· · · · · · · · · · · · · · · · · · ·	— • • • • • • • • • • • • • • • • • • •	

- u	on A. An Supporting Organizations			
			Yes	No
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.	1	√	
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).	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.	3a		1
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.	3Ь		Í
С	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.	3c		Ĩ
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.	4a		1
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.	4b		1
С	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.	4c		
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).	5a		
b	designated in the organization's organizing document?	5b		·
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		Ī
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		· ✓
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).	8		√
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 .	9a		→
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		✓
С	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		√
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.)	10b		→

Dow	IV Constitution (see the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the c			_ <u>`</u> _
Part	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	-	-
b	A family member of a person described in (a) above?	11b		1
	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		1
	on B. Type I Supporting Organizations	·		 -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sooti		1_1_		
Secu	on D. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
-		nsuu	cuons	s):
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete in a 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	oo ins	tnictii	onel
_				
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	i i		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	i		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	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		

1 Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	jani	zauons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must con Section A - Adjusted Net Income	mpre	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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	_	
Section B - Minimum Asset Amount		(A) Pnor 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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-functionall instructions).	y-in	tegrated Type III supporti	ng organization (see

Part) Supporung Organi	zauons (continued)		
Section D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish				
2					
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purp				
4_	Amounts paid to acquire exempt-use assets	, , , , , , , , , , , , , , , , , , ,			
5_	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	······································				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
_1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
a	Excess distributions carryover, if any, to 2014.				
<u>u</u>					
c					
 d				 	
e	From 2013				
	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	;			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	1				
b					
С					
d	Excess from 2013				
е	Excess from 2014				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer Identification number
MidAmerica Boston Terrier Rescue	27-0132384
Question: Other expenses (describe in Schedule O)	
Medical grants paid out by MidAmerica Boston Terrier Rescue to families with financ	al stress.
Licence fees at the state level to conduct rescue efforts	
Reimbursement of gas for transportation services	
Processing fees accrued by Paypal and Google Checkout	
Thath fore for exhibit annormation	
Booth fees for exhibit opportunities	
Miscel items required to care for a dog in a home such as crates, bedding, toys, groo	ming materials cleaning supplies atc
inipoci terito reduned to care for a dog in a fronte sacri as waters, occiding, toys, groo	ming materials, clearing supplies, etc.

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