

Return of Organization Exempt From Income Tax

2022

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (MIDWEST ANIMAL RESCUE AND SERVICES), EIN (20-8496665), Address (4112 83RD AVENUE N, BROOKLYN PARK, MN 55443), Principal Officer (AMY L SWENSON), Website (WWW.MIDWESTANIMALRESCUE.ORG), and Form of Organization (Corporation).

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Amy L Swenson, CEO, including signature and date fields.

Paid Preparer Use Only section for James L Fraser, including name, address, signature, date, and PTIN.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:

SEE SCHEDULE O

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 No

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 No

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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 766,600 including grants of \$ _____) (Revenue \$ _____)

INTAKE OF ANIMALS INCLUDING VETERINARY COSTS AND PLACEMENT OF ANIMALS INTO FOSTER CARE. EXPENSES ALSO INCLUDE THE COSTS ASSOCIATED WITH ADOPTING ANIMALS TO NEW OWNERS. REVENUE IS DERIVED FROM ADOPTION AND VETERINARY FEES. ADOPTED OUT 605 ANIMALS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **766,600**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and schedules.

Part 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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b			
4a	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, securities account, or other financial account)?	4a			X
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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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 the organization solicit 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 contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	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:				
a	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:				
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 amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (8), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Minnesota
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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.

AMY L SWENSON (763)503-4990, 4112 83RD AVENUE N, BROOKLYN PARK, MN 55443

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARYN ANDERSON DIRECTOR	1.00	X					0	0	0	
(2) DR ASHLEY THOMPSON DVM DIRECTOR	1.00	X				X	0	0	0	
(3) SARAH BRIDGES BRIDGES	1.00	X					0	0	0	
(4) BRAD SANFORD DIRECTOR	1.00	X					0	0	0	
(5) AMANDA SWENSON COO	10.00			X			0	0	0	
(6) AMY L SWENSON EXEC DIRECTOR/CEO	20.00			X			0	0	0	
(7) KAREN COOK TREASURER	1.00			X			0	0	0	
(8) CAMILLE BATES CFO	10.00			X			0	0	0	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	201,657				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			201,657			
Program Service Revenue			Business Code				
	2a PROGRAM REVENUE	900099	433,568	433,568			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			433,568				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,883			14,883	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities, See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER REVENUE	900099	21,501	21,501			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			21,501				
12 Total revenue. See instructions			671,609	455,069	0	14,883	

Part IX 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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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	22,694	15,886	5,673	1,135
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	416,691	413,133		3,558
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	5,011	4,892	65	54
10	Payroll taxes	33,032	32,251	428	353
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	4,096		4,096	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	2,909		2,909	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion				
13	Office expenses	5,138	3,661	1,477	
14	Information technology				
15	Royalties				
16	Occupancy	61,373	61,373		
17	Travel	324		324	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	677		677	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,421	10,536	3,793	92
23	Insurance	14,378	7,189	7,189	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	MEDICAL AND VET COSTS	145,406	145,406		
b	BOARDING AND TRANSPORT	10,217	10,217		
c	BANK AND CREDIT CARD FEES	16,211	14,428	1,783	
d	TELEPHONE AND INTERNET	18,395	14,613	3,782	
e	All other expenses _____	52,883	33,015	17,779	2,089
25	Total functional expenses. Add lines 1 through 24e. .	823,856	766,600	49,975	7,281
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	38,028	1	103,843	
	2	Savings and temporary cash investments	141,683	2	24,615	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	667	4	2,476	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	47,717	8	14,363	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	257,499		
	b	Less: accumulated depreciation	10b	200,729	10c	56,770
	11	Investments - publicly traded securities	288,875	11	299,147	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	545,279	16	501,214		
Liabilities	17	Accounts payable and accrued expenses	42,786	17	59,499	
	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		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23	93,100	
	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	42,786	26	152,599	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		27		
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds	502,493	31	348,615	
	32	Total net assets or fund balances	502,493	32	348,615	
33	Total liabilities and net assets/fund balances	545,279	33	501,214		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	671,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	823,856
3	Revenue less expenses. Subtract line 2 from line 1	3	(152,247)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	502,493
5	Net unrealized gains (losses) on investments	5	(1,631)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	348,615

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization MIDWEST ANIMAL RESCUE AND SERVICES	Employer identification number 20-8496665
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2021. 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 and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. 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 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,757	229,273	189,835	225,170	201,657	985,692
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	810,500	852,564	952,418	429,337	433,568	3,478,387
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	950,257	1,081,837	1,142,253	654,507	635,225	4,464,079
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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.)						4,464,079

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	950,257	1,081,837	1,142,253	654,507	635,225	4,464,079
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	8,638	9,009	10,471	12,954	14,883	55,955
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,638	9,009	10,471	12,954	14,883	55,955
11 Net income from unrelated business activities not included on 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 VI.)				145,883	21,501	167,384
13 Total support. (Add lines 9, 10c, 11, and 12.)	958,895	1,090,846	1,152,724	813,344	671,609	4,687,418
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	95.24 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	96.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	1.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	1.00 %

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Table with 2 columns: Name of the organization (MIDWEST ANIMAL RESCUE AND SERVICES) and Employer identification number (20-8496665)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MIDWEST ANIMAL RESCUE AND SERVICES	Employer identification number 20-8496665
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI OH 45277-0053	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GARY AUSTIN HUDSON TRUST 2055 270TH MILFORD IA 51351	\$ 15,043	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KITTAY FOUNDATION PO BOX 770001 CINCINNATI OH 45277	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BANK OF AMERICA 1300 AMERICAN BLVD PENNINGTON NJ 08534-4127	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		257,499	200,729	56,770
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				56,770

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST ANIMAL RESCUE AND SERVICES

Employer identification number
20-8496665

01. Officer, directors, etc. family relationship (Part VI, line 2)

AMANDA SWENSON IS AMY SWENSON'S DAUGHTER.

02. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED AND APPROVED BY OFFICERS AND DIRECTORS BEFORE FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN ON AN ANNUAL BASIS.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE CEO'S WORK PERFORMED IS COMPARED TO SIMILAR ROLES OF SIMILAR SIZE ORGANIZATIONS TO
DETERMINE COMPENSATION. ALL EMPLOYEE SALARIES AND WAGES ARE AT OR BELOW COMMENSURATE
POSITIONS.

05. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

06. General explanation attachment

THE ORGANIZATION'S MISSION IS BEING COMMITTED TO SERVING BOTH PET AND PARENT, FINDING
HOMES FOR ANIMALS THAT WERE ONCE LOST, LEFT BEHIND AND FORGOTTEN, WHILE BRINGING HARMONY
AND ENHANCING EDUCATION IN THE COMMUNITY.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01, 2022, and ending 06-30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer MIDWEST ANIMAL RESCUE AND SERVICES	EIN or SSN 20-8496665
--	---------------------------------

Name and title of officer or person subject to tax

AMY L SWENSON, CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	671,609
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize James L Fraser LTD to enter my PIN 55444 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 04-30-2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

410022 02956

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 04-30-2024

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MIDWEST ANIMAL RESCUE AND SERVIC	Business or activity to which this form relates FORM 990 - 1	Identifying number 20-8496665
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	523

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	9,349
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					880
c 7-year property	#568					3,669
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	14,421
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

FORM 4562 - LINE 19B

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
670	5	MQ	200 DB	101
1,230	5	MQ	200 DB	185
644	5	MQ	200 DB	97
3,146	5	MQ	200 DB	157
961	5	MQ	200 DB	48
1,142	5	MQ	200 DB	57
1,488	5	MQ	200 DB	74
1,382	5	MQ	200 DB	69
589	5	MQ	200 DB	29
1,264	5	MQ	200 DB	63
TOTAL				<u>880</u>

FORM 4562 - LINE 19C

PG01
Statement #568

BASIS	RP	CV	METHOD	DEDUCTION
4,688	7	MQ	200 DB	1,172
4,500	7	MQ	200 DB	803
5,250	7	MQ	200 DB	937
1,350	7	MQ	200 DB	145
13,290	7	MQ	200 DB	474
644	7	MQ	200 DB	69
644	7	MQ	200 DB	69
TOTAL				<u>3,669</u>

* Item is included in UBIA
for Section 199A calculations.
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Depreciation Detail Listing

Program Services
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MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	GROOMING TUB	05102012	872		100.00			872	7		0	872		872	
2	COUCH AND LOVE SEAT	06282012	560		100.00			560	7		0	560		560	
3	AC BUILD OUT	06302011	780		100.00			780	5		0	780		780	
4	SAMSUNG SCREEN AND 2	04302012	1,475		100.00			1,475	5		0	1,475		1,475	
5	LEASEHOLD IMPROVEMENT	06302010	6,025		100.00			6,025	5		0	6,025		6,025	
9	TOM TOM DEVICE	08062011	150		100.00			150	5		0	150		150	
13	CASH REGISTERS	04212012	107		100.00			107	5		0	107		107	
22	ADOPTION CENTER HEATE	12152011	275		100.00			275	7		0	275		275	
23	BABY GATES	02212012	199		100.00			199	7		0	199		199	
24	GROOMING SHOWER	04052012	223		100.00			223	7		0	223		223	
28	A/V CART	05312012	125		100.00			125	7		0	125		125	
29	SHELVING	07312012	100		100.00			100	7		0	100		100	
30	MEETING/TRAINING CHAI	09062012	322		100.00			322	7		0	322		322	
44	CL MEDICAL EQUIPMENT	01012014	800		100.00			800	7		0	800		800	
45	CL VET CLINIC EQUIPME	07012013	25,460		100.00			25,460	7		0	25,460		25,460	
51	CL ANAESTHESIA EQUIPM	09282015	2,133		100.00			2,133	7	SL MQ	14.286	2,097	36	2,133	36
52	CL VETERINARY EQUIPME	06302016	1,347		100.00			1,347	7	SL MQ	14.286	1,176	171	1,347	171
62	RESCUE CONN SOFTWARE	07162017	1,500		100.00			1,500	3		0	1,500		1,500	
63	LAPTOPS	10082017	651		100.00			651	5	200 DB MQ	4.26	623	28	651	28
64	APPLE COMPUTERS	12052017	2,094		100.00			2,094	5	200 DB MQ	4.26	2,005	89	2,094	89
65	APPLE IPAD	12052017	346		100.00			346	5	200 DB MQ	4.26	331	15	346	15
67	27" LED	12122017	387		100.00			387	5	200 DB MQ	4.26	371	16	387	16
68	MAC MINI	05102018	698		100.00			698	5	200 DB MQ	9.58	630	67	697	67
69	MAC MINI	05202018	688		100.00			688	5	200 DB MQ	9.58	621	66	687	66
71	MACBOOK PRO	06102018	1,625		100.00			1,625	5	200 DB MQ	9.58	1,468	156	1,624	156
72	MACBOOK PRO	06102018	1,625		100.00			1,625	5	200 DB MQ	9.58	1,468	156	1,624	156
73	CL X=RAY MACHINE	05162018	14,000		100.00			14,000	7	200 DB MQ	8.73	10,486	1,222	11,708	1,222
74	CL SYNEX IMAC	08062018	366		100.00			366	7	200 DB HY	8.93	252	33	285	33
75	CL X RAY MACHINE	02262019	13,204		100.00			13,204	7	200 DB HY	8.93	9,079	1,179	10,258	1,179
76	CL ANESTHESIA MACHINE	04052019	821		100.00			821	7	200 DB HY	8.93	565	73	638	73

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Depreciation Detail Listing

Program Services
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MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
77	CL SURGERY TABLE	04052019	3,628		100.00			3,628	7	200 DB HY	8.93	2,494	324	2,818	324
78	CL ANAESTHESIA MACHIN	04302019	3,100		100.00			3,100	7	200 DB HY	8.93	2,131	277	2,408	277
79	CL DENTAL SCALER	08072019	1,722		100.00			1,722	7	200 DB HY	12.49	969	215	1,184	215
80	CL ANAESTHESIA EQUIP	10312019	704		100.00			704	7	200 DB HY	12.49	396	88	484	88
81	CL TONOPEN	02242020	3,436		100.00			3,436	7	200 DB HY	12.49	1,933	429	2,362	429
82	CL BLOOD PRESSURE EQ	02242020	2,432		100.00			2,432	7	200 DB HY	12.49	1,369	304	1,673	304
83	CL INFUSION PUMP	02262020	747		100.00			747	7	200 DB HY	12.49	421	93	514	93
84	CL VETCORDER	03062020	962		100.00			962	7	200 DB HY	12.49	541	120	661	120
85	LURE COURSE	08092019	1,839		100.00			1,839	7	200 DB HY	12.49	1,035	230	1,265	230
89	CL APPLE LEASE BUY OU	02202020	426		100.00			426	5	200 DB HY	11.52	303	49	352	49
95	CL APPLE MACBOOK PRO	05262020	900		100.00			900	5	200 DB HY	11.52	641	104	745	104
97	ENGLER DENTAL EQUIP	05202021	1,000		100.00			1,000	7	200 DB MQ	19.68	311	197	508	197
98	PROGENY VET	05202021	3,000		100.00			3,000	7	200 DB MQ	19.68	933	590	1,523	590
107	ULTIMATE DENTAL STATI	07192022	4,688		100.00			4,688	7	200 DB MQ	25		1,172	1,172	1,172
108	DENTAL MACH PORT VIEW	12212022	4,500		100.00			4,500	7	200 DB MQ	17.85		803	803	803
109	PORTABLE DENTAL X-RAY	12282022	5,250		100.00			5,250	7	200 DB MQ	17.85		937	937	937
110	HEAT THERAPY PUMP	03102023	1,350		100.00			1,350	7	200 DB MQ	10.71		145	145	145
111	EX RAY M	04142023	13,290		100.00			13,290	7	200 DB MQ	3.57		474	474	474
112	MICRO CENTER MACBOOK	01182023	670		100.00			670	5	200 DB MQ	15		101	101	101
113	MICROCENTER IMAC-DR A	01182023	1,230		100.00			1,230	5	200 DB MQ	15		185	185	185
114	MAC MINI CLINIC FRONT	01192023	644		100.00			644	7	200 DB MQ	10.71		69	69	69
115	MAC MINI ADOPTION CEN	01192023	644		100.00			644	5	200 DB MQ	15		97	97	97
116	MAC MINI CLINIC BACK	01192023	644		100.00			644	7	200 DB MQ	10.71		69	69	69
117	MACBOOK PRO-CLINIC BA	04152023	3,146		100.00			3,146	5	200 DB MQ	5		157	157	157
Totals			138,910					138,910				83,622	10,536	94,158	10,536

Land Amount
Net Depreciable Cost 138,910

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 10,536

ST ADJ:

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Depreciation Detail Listing

Management & General
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MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
6	FURNITURE AND FIXTURE	06302011	25,230		100.00			25,230	7		0	25,229		25,229	
7	OFFICE EQUIPMENT	06302011	31,201		100.00			31,201	5		0	31,201		31,201	
8	PRINTER	08052011	182		100.00			182	5		0	182		182	
10	MICROSOFT OFFICE	08162011	178		100.00			178	3		0	178		178	
11	OFFICE PRINTER	08172011	125		100.00			125	5		0	125		125	
12	COMPUTER SWITCHES	12192011	102		100.00			102	5		0	102		102	
14	DELL 745 CORE2 DUO	05022012	135		100.00			135	5		0	135		135	
15	HP CORE2DUO	05022012	135		100.00			135	5		0	135		135	
16	AMYS OFFICE COMPUTER	05082012	215		100.00			215	5		0	215		215	
17	AMYS COMPUTER	05102012	431		100.00			431	5		0	431		431	
18	AMYS COMPUTER MONITOR	05102012	107		100.00			107	5		0	107		107	
19	SPEAKERS POWER CORDS	05162012	58		100.00			58	5		0	58		58	
20	A/C FAN	07232011	146		100.00			146	7		0	146		146	
21	ADMIN FURNITURE	10112011	105		100.00			105	7		0	96		96	
25	OFFICE FILING CABINET	04252012	420		100.00			420	7		0	420		420	
26	DESKS AND FILING CABI	05012012	234		100.00			234	7		0	234		234	
27	PHONES	05032012	175		100.00			175	7		0	131		131	
31	BOOK SHELF	05182013	75		100.00			75	7		0	75		75	
32	SPEAKERS	08152012	20		100.00			20	5		0	20		20	
33	COMPUTERS	09012012	649		100.00			649	5		0	649		649	
34	SUSANS COMPUTER	09172012	468		100.00			468	5		0	468		468	
35	CABLES	09282012	102		100.00			102	5		0	102		102	
36	COMPUTER EQUIP	11022012	125		100.00			125	5		0	125		125	
37	COMPUTER EQUIP	11072012	142		100.00			142	5		0	142		142	
38	COMPUTER	12202012	762		100.00			762	5		0	762		762	
39	MONITOR	01052013	41		100.00			41	5		0	41		41	
40	SUSANS COMPUTER	03202013	447		100.00			447	5		0	447		447	
41	LENOVODIR COMPUTER MO	04172013	569		100.00			569	5		0	569		569	
42	NEW ACCOUNTING COMPUT	04192013	684		100.00			684	5		0	684		684	
43	OFFICE EQUIPMENT	01012014	4,021		100.00			4,021	7		0	4,021		4,021	

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MIDWEST ANIMAL RESCUE AND SERVICES

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
46	COPIER	10282015	5,875		100.00			5,875	7	SL MQ	14.286	5,559	316	5,875	316
47	COMPUTERS	07032015	1,849		100.00			1,849	5		0	1,849		1,849	
48	COMPUTER	01152016	746		100.00			746	5		0	746		746	
49	COMPUTER	03152016	933		100.00			933	5		0	933		933	
50	SOFTWARE	06302016	6,369		100.00			6,369	3		0	6,369		6,369	
53	COMPUTER FOR AMY	09292016	1,352		100.00			1,352	5		0	1,352		1,352	
54	LAPTOP FOR SUSAN	10062016	1,208		100.00			1,208	5		0	1,208		1,208	
55	CHADS COMPUTER	12282016	300		100.00			300	5		0	300		300	
56	APPLE TIME CAPSULE	01192017	429		100.00			429	5		0	428		428	
57	APPLE I PAD	02122017	354		100.00			354	5		0	354		354	
58	APPLE I PAD	02152017	528		100.00			528	5		0	528		528	
59	MBAIR C1MT6FSUH3QD	03302017	1,007		100.00			1,007	5		0	1,006		1,006	
60	MBP 15.4 SPGR2.9GHZRP	03302017	3,528		100.00			3,528	5		0	3,527		3,527	
61	LG UNLTRA FINE 5K DIS	03312017	1,045		100.00			1,045	5		0	1,044		1,044	
66	SUSAN IPAD	12052017	1,137		100.00			1,137	5	200 DB MQ	4.26	1,088	48	1,136	48
70	MACBOOK PRO	06122018	2,887		100.00			2,887	5	200 DB MQ	9.58	2,610	277	2,887	277
86	LYNN'S NEW COMPUTER	07192019	366		100.00			366	5	200 DB HY	11.52	260	42	302	42
87	AMY MONITOR	11272019	409		100.00			409	5	200 DB HY	11.52	292	47	339	47
88	ADMIN COMP POWERSEPC	12132019	1,113		100.00			1,113	5	200 DB HY	11.52	793	128	921	128
90	APPLE LEASE BUY OUT	02202020	864		100.00			864	5	200 DB HY	11.52	615	100	715	100
91	PRINTER	05032020	430		100.00			430	5	200 DB HY	11.52	307	50	357	50
93	APPLE MACBOOK PRO	05262020	1,000		100.00			1,000	5	200 DB HY	11.52	712	115	827	115
94	DESKTOP PC-FINANCE	05262020	480		100.00			480	5	200 DB HY	11.52	342	55	397	55
96	FELLOWES LX22 SHREDDE	06072020	254		100.00			254	7	200 DB HY	12.49	142	32	174	32
99	MONITOR	07022020	505		100.00			505	7	200 DB MQ	15.31	234	77	311	77
100	TELEVISION	07212020	430		100.00			430	7	200 DB MQ	15.31	200	66	266	66
101	POWERSPEC AND MONITOR	10222020	952		100.00			952	7	200 DB MQ	16.76	393	160	553	160
102	IPAD PRO 12	03312021	1,649		100.00			1,649	7	200 DB MQ	18.22	598	300	898	300
103	IPAD MAGIC K	03312021	349		100.00			349	7	200 DB MQ	18.22	126	64	190	64
104	COMPUTER	10262021	1,721		100.00			1,721	7	200 DB HY	24.49	246	421	667	421

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Depreciation Detail Listing

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MIDWEST ANIMAL RESCUE AND SERVICES

20-8496665

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
105	COMPUTER	10262021	1,504		100.00			1,504	5	200 DB HY	32	301	481	782	481
106	MACBOOK	03142022	2,105		100.00			2,105	5	200 DB HY	32	421	674	1,095	674
118	IPHONE 14 PRO MAC AMY	05042023	961		100.00			961	5	200 DB MQ	5		48	48	48
119	IPHONE PRO MAX-CAMILE	05042023	1,142		100.00			1,142	5	200 DB MQ	5		57	57	57
120	IPHONE 14 PRO MAX-AMA	05042023	1,488		100.00			1,488	5	200 DB MQ	5		74	74	74
121	MACBOOK AIR-LEE ANN	05052023	1,382		100.00			1,382	5	200 DB MQ	5		69	69	69
122	APPLE WATCH & CARE-CA	06192023	589		100.00			589	5	200 DB MQ	5		29	29	29
123	APPLE WATCHES-AMY & A	06192023	1,264		100.00			1,264	5	200 DB MQ	5		63	63	63
Totals			117,788					117,788				102,113	3,793	105,906	3,793

Land Amount
Net Depreciable Cost

117,788

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

3,793

ST ADJ:

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Depreciation Detail Listing

Fund Raising
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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
92	APPLE MACBOOK PRO	05262020	800		100.00			800	5	200 DB HY	11.52	570	92	662	92
Totals			800					800				570	92	662	92

Land Amount
Net Depreciable Cost

800

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

92
ST ADJ: