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

OMB No. 1545-1150 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the 2	2017 calenda	r year, or tax year beginning , 2017	, and ending	_	, 20			
В	Check if ap	plicable:	C Name of organization		D Employ	er identification	on number		
	Address ch	nange	MIDWEST ALPACA OWNERS & BREEDERS ASSOCIATION	ION 72-		1551743			
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one number			
	Initial returr	n							
	Final return	n/terminated	ninated 1580N POINT PRAIRIE ROAD			(636)795-2643			
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption			
	Application	pending	FORISTELL, MO 63348			Number ►			
G	Accounti	ing Method:	☐ Cash ☒ Accrual Other (specify) ►		I Check ►	ck ► 🛚 if the organization is not			
ı	Website	: ► MOPA	C.ORG		required to	red to attach Schedule B			
J	Tax-exe	ax-exempt status (check only one) - ☐ 501(c)(3) 🗵 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form			(Form 990,	rm 990, 990-EZ, or 990-PF).			
Κ	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Oth	ner					
L	Add lines	s 5b, 6c, and 1	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	l assets				
(Pa	art II, colu	umn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	58,579		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances (see th	e instructio	ns for Part I)			
		Check if	he organization used Schedule O to respond to any question	in this Part I			<u>x</u>		
	1		s, gifts, grants, and similar amounts received			1			
	2	Program ser	vice revenue including government fees and contracts			2	53,324		
	3	Membership	dues and assessments			3	5,255		
	4	Investment in	ncome			4			
	5a	Gross amou	nt from sale of assets other than inventory	5a					
			other basis and sales expenses	5b					
	С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6		fundraising events						
	а	a Gross income from gaming (attach Schedule G if greater than							
ne				6a					
Revenue	b		e from fundraising events (not including \$	of contribution	ns				
Re			sing events reported on line 1) (attach Schedule G if the						
			gross income and contributions exceeds \$15,000)	6b					
	С		expenses from gaming and fundraising events	6c					
			or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract					
						6d			
	7a		of inventory, less returns and allowances	7a					
		Less: cost of		7b					
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8		ue (describe in Schedule O)			8			
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	58,579		
	10		imilar amounts paid (list in Schedule O)			10			
	11		to or for members			11			
	12	•	er compensation, and employee benefits			12			
Ses	13					13			
Sen J	14		rent, utilities, and maintenance			14			
Expenses	15		lications, postage, and shipping			15			
	16		ses (describe in Schedule O)			16	60,725		
	17		ses. Add lines 10 through 16			17	60,725		
Net Assets	18		eficit) for the year (Subtract line 17 from line 9)			18	(2,146		
	19		r fund balances at beginning of year (from line 27, column (A)) (must a				<u> </u>		
			igure reported on prior year's return)			19	94,374		
	20	-	es in net assets or fund balances (explain in Schedule O)			20			
	21	-				21	92,228		
_	_					<u> </u>			

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Part II Balance Sheets (see the instructions for Part I	•				5 7
Check if the organization used Schedule O to r	espond to any question			• • •	
On Oracle and the analysis and the section of the s		_ ` .	ginning of year	00	(B) End of year
22 Cash, savings, and investments			69,519	22	57,181
23 Land and buildings		-	0	23	0
24 Other assets (describe in Schedule O)			24,855	24	35,047
25 Total assets			94,374	25 26	92,228
27 Net assets or fund balances (line 27 of column (B) must agr			94,374	27	92,228
Part III Statement of Program Service Accomplish			94,3/4	21	92,228
Check if the organization used Schedule O to	•	•	🗆		Expenses
What is the organization's primary exempt purpose? PROMOTE 2				(Req	uired for section
				501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for e as measured by expenses. In a clear and concise manner, describe persons benefited, and other relevant information for each program	the services provided, th	•		orgar other	nizations; optional for rs.)
28 ANNUAL ALPACA SHOW INCLUDES FLEECE AND H	ALTER SHOW, FIBE	R			
ARTS COMPTETION, SILENT AND HERDSHIRE AU					
SEMINARS					
(Grants \$) If this amount	includes foreign grants, c	heck here	▶ 🗍	28a	42,000
29					
,	includes foreign grants, c	heck here	▶ 📙	29a	
30					
,	includes foreign grants, c	heck here	▶ 📙	30a	
31 Other program services (describe in Schedule O)					
	includes foreign grants, c			31a	40.00
32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key Em				32	42,000
Check if the organization used Schedule O to respon					is ioi Pait IV)
Officers in the organization used scribbatic of to respon		(c) Reportable	(d) Health benefits		
(a) Name and title	(b) Average hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of other compensation
	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensa		other compensation
THERESA KAISER					
SENIOR DIRECTOR	10.00			o	0
STEVE RUSH					
DIRECTOR	10.00			o	0
TERRY PASSANANTE					
DIRECTOR	10.00	()	0	0
SHERI JACOBY					
VICE PRESIDENT	10.00	()	0	0
JEANETTE CAMPBELL					
SECRETARY	10.00	(0	0
PATTI JONES					
TREASURER	10.00	()	0	0
MARY TOBECK					
MIAS SHOW TREASURER	10.00	(0	0
BEVERLY STOCK					
PRESIDENT	10.00	(0	0
		+			
		1			

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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes	· U No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140
	detailed description of each activity in Schedule O	33		Х
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		Х
35 a	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		Х
b		35b		
С	11			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b		37b		Х
38 a	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а				
b				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; 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			
е	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		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ PATTI JONES Telephone no. ▶ 636-79	95-2	643	
	Located at ► 1580N POINT PRAIRIE ROAD, FORISTELL, MO ZIP + 4 ► 63348			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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 United States?	42c		X
	If "Yes," enter the name of the foreign country:			_
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
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		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d				
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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)	45b		X

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							Y	es	No	
46 Did th	ne organization engage, directly or indirectly, in	n political campaign activit	ties on behalf of or in opp	osition						
	ndidates for public office? If "Yes," complete S						46		Χ	
Part VI	Section 501(c)(3) organizations									
	All section 501(c)(3) organizations	must answer question	ons 47 - 49b and 52	, and co	nplete the	tables	s for lir	nes		
	50 and 51.								_	
	Check if the organization used Sch	nedule O to respond	to any question in the	nis Part \	<u>/I</u>		• • •			
						г	Y	es	No	
47 Did th	ne organization engage in lobbying activities o		-							
year?	If "Yes," complete Schedule C, Part II						47			
48 Is the	organization a school as described in section	170(b)(1)(A)(ii)? If "Yes,'	' complete Schedule E			• •	48			
49a Did th	ne organization make any transfers to an exem	npt non-charitable related	organization?				49a			
b If "Ye	s," was the related organization a section 527	organization?				[49b			
50 Comp	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key									
emplo	byees) who each received more than \$100,000	of compensation from the	e organization. If there is	none, ente	r "None."					
		(b) Average	(c) Reportable		h benefits,	(a) E	stimated a	mount	of	
	(a) Name and title of each employee	hours per week	compensation		s to employee , and deferred		ther comp			
		devoted to position	(Forms W-2/1099-MISC)	comp	ensation					
					ļ					
					ļ					
									X No	
f Total	number of other employees paid over \$100,00	00								
51 Comp	plete this table for the organization's five highes	st compensated independe	ent contractors who each	received m	ore than					
\$100	,000 of compensation from the organization. If	there is none, enter "Non	e."							
	(a) Name and business address of each independent contra	otor	(b) Type of convice			c) Comp	onaction			
	(a) Name and business address of each independent contra	ictor	(b) Type of service		,	, Comp	ensation			
d Total	number of other independent contractors each	n receiving over \$100,000	· · · · •							
	ne organization complete Schedule A? Note:	(, (,)				_		_		
comp	leted Schedule A				<u>•</u>	· <u> </u>	Yes	X N	lo	
Under penalt	ies of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and statements, a	and to the be	st of my knowle	dge and	d belief, it	t is		
true, correct,	and complete. Declaration of preparer (other than o	officer) is based on all information	ation of which preparer has a	ny knowledg	<u>e.</u>					
	STEVE RUSH				11-08-	-2018	3			
Sign	Signature of officer			Date						
Here	STEVE RUSH, DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN	1			
Paid	Craig Lovasz C	raig Lovasz	12-24-20	18	self-employed	xxx	xxxxx	x		
Preparer	Firm's name ► CSL TAX ADVISORS	5 LLC		Firm's	EIN ►					
Use Only	Firm's address ► 3906 S OLD HIGHW	WAY 94 SUITE 500)							
	Saint Charles MC	63304		Phone	no. 636-	441-	1110			
May the IRS	S discuss this return with the preparer shown a	above? See instructions				· 🔲	Yes	X	lo	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

MIDWEST ALPACA OWNERS & BREEDERS ASSOCIATION		72-1551743					
01. Description of other expenses (Part I, line 16)							
DESCRIPTION	AMOUNT						
EDUCATIONAL SEMINAR EXPENSES	1,167						
PUBLICITY	1,665						
DONATIONS STUDENT FIBER COMPETITION	1,000						
MIAS TOTAL	8,807						
ADMINISTRATIVE ASSISTANT	4,833						
BOARD/OFFICER INSURANCE	1,146						
OFFICE SUPPLIES	394						
CPA/STATE FEDERAL AND OTHER	679						
BANK FEE	34						
SHOW EXPENSES	41,000						
02. Description of other assets (Part II, line	24)						
CATEGORY	INNING OF YEAR END C	DF YEAR					
DEFERRED REVENUE	24,855	35,047					