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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

The organization may have to use a copy of this return to satisfy state reporting requirements.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

OMB No 1545-1150

Open to Public Inspection

A	For th	ne 2012 calei	ndar year, or tax		19	1/24/2012		, and	a enaing	_	1213112	012
В		rf applicable	C Name of organ	uzation						D Em	ployer id	dentification number
Ш	Addres	s change	Holona Paws Incomprated							45-4313553		
Ш	Name o	change	Helping Paws Incorporated Number and street (or P O box, if mail is not delivered to street address) Room/suite						F Tel	ephone r		
X	Initial re	eturn										
	Termina	ated	5345 Allisonville	e Road						1	(31	7) 366-2266
	Amend	led return	City or town			state or coun	try	ZIP + 4		F Gr	oup Exe	emption
	Applica	ation pending	Indianapolis			IN		46220)	Nu	mber 🕨	•
G	Accou	nting Method:	X Cash	Accrual	Other (spec	cifv) ►			1,	- Check	▶□	rf the organization is
		•	helpingpawsonli	-			 			not re		o attach Schedule B
				501(c)(3)	501(c) ()◀ (insert n	0) 49	47(a)(1)	or 527	(Form	990, 99	90-EZ, or 990-PF)
						• •						
	Check		_									eceipts are normally
			nooses to file a ret				r Ollii 330)-14 (C-L	ostcard) may	be requ	neu (se	e instructions) But
		~	d 7b, to line 9 to d		•		\$200 no	0 or mo	re or if total :	ecote		
			ımn (B) below) arı	-	_					233013	▶ \$	122,867
	art I		ie, Expenses,							instruct		
	2161		f the organizat									
	1		ns, gifts, grants,								1	122,867
	2		ervice revenue ii								2	122,007
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20	4	Investment	•	Coomento	•						4	
အ	 5а	-	ount from sale of	essets other	than inventory		ء ا	ia			H	
ə	b		or other basis a		-	• •	_	b	· · · · · · · · · · · · · · · · · · ·		1	
~ │	c		ss) from sale of	•		(Subtract line			a) .		5c	0
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	а	-	me from gaming		dule G if great	er than						
	_	\$15,000)			J. 5. 1		Ι 6	a				
SCANNED	b	•	me from fundrai	sing events (r	not including	\$	<u> </u>	of cor	tributions		1	
숧			aising events rep		_	edule G if the	е	•				
اي			h gross income					b				
90	С		t expenses from					c				
	d	Net income	e or (loss) from g	gaming and fu	indraising ever	nts (add lines	6a and	6b and	subtract			
		line 6c)	•							-	6d	0
	7a	Gross sale	s of inventory, le	ess returns an	d allowances .		_ 7	'a				
	b	Less. cost	of goods sold					b _				
	С	Gross prof	it or (loss) from	sales of inven	tory (Subtract	line 7b from	line 7a) .		•		7c	0
	8		nue (describe in								8	· · · · · · · · · · · · · · · · · · ·
_	9		nue. Add lines 1			<u> </u>	<u> </u>	<u> </u>	<u> </u>		9	122,867
	10	Grants and	similar amount	s paid (list in	Schedule O)	•		•	•		10	106,634
	11	Benefits pa	aid to or for-men ther compensati	npers				•			11	<u> </u>
Ses	12	Salaries co	ther compensati	ion, and empl	oyee benefits						12	
Expenses	13	Profession	al fees and othe	er Spakitueurs y c	inaepenaent (contractors	•				13	
άx	14		y, rent, utilities, a						•		14	·
ш		Printing, pi	iblications-post	agerandi <u>snip</u>	ping .	•					15 16	15,248
	16	Total expe	enses (describe	10 through 1)) 6						17	121,882
_	17		enses. Add lines (deficit) for the y				_				18	985
ets	18 19		or fund balance	•		•	ımn /Δ\\	(muet	oree with	•	"	300
88	19		r figure reported			21, WIU	(<i>/</i> ~//)	(must	49100 11101		19	
Net Assets	20		nges in net asse			in Schedule	0)	•	•		20	
Ž	21		or fund balance							. •	21	985
Fo			tion Act Notice.				. <u></u>					Form 990-EZ (2012)

_	990-EZ (2012) , Helping Paws incorporated			45-431	ათა	Page Z
Par		•				
	Check if the organization used Schedule O to re	spond to any question in the	nis Part II .	· · · · · · · · · · · · · · · · · · ·		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	•	-	· · · · · · · · · · · · · · · · · · ·	22	985
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	•			24 25	985
25	Total liabilities (describe in Schodule O)		•		26	900
26 27	Total liabilities (describe in Schedule O) . Net assets or fund balances (line 27 of column (B)	I muset same with line 21)		0	_	985
	rt Statement of Program Service Accomplish				 	Expenses
	Check if the organization used Schedule O to	-				quired for section
Wha		Animal Rescue				(c)(3) and 501(c)(4) inizations and section
	cribe the organization's primary exempt purpose		argest program s	ervices.	494	7(a)(1) trusts, optional
	neasured by expenses In a clear and concise manner				lor c	others)
	ons benefited, and other relevant information for each					
28	Individuals make contributions through Paypal to our					
	these funds out directly to 501(c) 3 organizations tha					
	No individual organization received \$5,000 or more fi				1	
	(Grants \$ 73,386) If this amount	includes foreign grants, ch	neck here	▶ .	28a	9,838
29						
	(Ot- A					
	<u> </u>	includes foreign grants, ch		· • [_	29a	
30					l	
					ľ	
	(Grants \$) If this amount	includes foreign grants, cl	neck here	▶ □	30a	10.1
31	Other program services (describe in Schedule O)				100	
•		includes foreign grants, ch	neck here	▶ □	31a	
32	Total program service expenses. (add lines 28a th	rough 31a)	•	•	32	9,838
	rt IV List of Officers, Directors, Trustees, and Ko		ne even if not comp	ensated (see the inst	ruction	ns for Part IV)
	Check if the organization used Schedule O to	respond to any question in	n this Part IV .			
		(b) Average	(c) Reportable	(d) Health benefi		(a) Faturated area at af
	(a) Name and title	hours per week	compensation (Forms W-2/1099-M	SC) contributions to employee benefit pl		(e) Estimated amount of other compensation
	.,	devoted to position	(if not paid, enter			
Syd	ney Banch					
Pres	sident	Hr/WK 40 00				
Joh	n Segovia					
	retary	Hr/WK 10 00		0		
	by Cornacchia	40.00			ļ	
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Form **990-EZ** (2012)

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. Version	Form 9	90-EZ (2012) ,Helping Paws Incorporated 45	-43135	53	Page 3
instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. 33 Did the organization engage in any significant activity not previously reported to the IRS9 If "Yes," provide a detailed description of each activity in Schedule O. 44 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the arrended documents of they reflect a change to the organizations name Otherwise, explain the change on Schedule O (see instructions) 55 Did the organization have unreflect business gross income of \$1,000 or more during the year from business activities (such as those reported on time \$2,6 a, and 7a, among others!) 56 Lif Yes, Toline 35a, back the organization field a form 99-17 fr the year? If "Yes," complete Schedule O. Part III 1. 57 Substitution of the organization explaints of the organization subject to section 6033(e) motice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule O. Part III 1. 58 Did the organization undergo a liquidation, dissolution, emmention, or significant disposition of net assets during the year? If "Yes," complete specially parts of Schedule N. 59 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 prory year and still outstanding at the end of the tax year covered by this return? 50 If "Yes," complete Schedule I., Part II and enter the total amount involved. 51 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax misposed on the organization during the year under section 4911 P. section 4912				<u> </u>	, age e
33 Did the organization engage in any significant activity not previously reported to the IRS' I I*Yes*, provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organization or governing documents? If Yes*, attach a conformed copy of the amended documents of the Yes* of a change or Schedule O (see instructions). 35 a Did the organization of the view of the organization organization of the organization of the organization of the organization organization of the organization of the organization organiza		·		art V .	
33 Did the organization engage in any significant activity not previously reported to the IRS' I I*Yes*, provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organization or governing documents? If Yes*, attach a conformed copy of the amended documents of the Yes* of a change or Schedule O (see instructions). 35 a Did the organization of the view of the organization organization of the organization of the organization of the organization organization of the organization of the organization organiza				Yes	No
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33 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, 5a, and 7a, among others)? b if "Yes," to line 35a has the organization section 501c(4); 50 off (c)(6) organization subject to section 603(4) notice, reporting, and proxy tax requirements during the year? If "Yes," provide an explanation in Schedule 0. Was the organization undergo a legislation, dissolution, temination, or significant disposition of net assets during the year? If "Yes," complete schedule C, Part III. Did the organization undergo a legislation, dissolution, temination, or significant disposition of net assets during the year? If "Yes," complete sphicable parts of Schedule N 3 a Did the organization in Schedule C, and the state of the sta			33		Х
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, 8a, and 7a, among others)? b if "Yes", to line 35a, has the organization field a Form 990-T for the year? If "Nes", provide an explanation in Schedule 0. c Was the organization a section \$01c(x)4), 501(c)(5), or \$51(c)(6) organization and exporting, and priory tax requirements during the year? If "Nes," complete Schedule C, Part III. 35b. X Did the organization as eachino \$01c(x)4), 501(c)(5), or \$51(c)(6) organization subject to section 6033(e) notice, reporting, and priory tax requirements during the year? If "Yes," complete Schedule C, Part III. 35c. X Did the organization and prior year and still outstanding at the end of the tax year covered by this return? b Did the organization file Form 1120-POL for this year? 37 a Did the organization file Form 1120-POL for this year? 38 b If "Yes," complete schedule L, Part II and enter the total amount involved 39 b Gross receipts, included on line 9, for public use of dub facilities. 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year order is essential. All the properties of the stax year covered by this return? b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4935 excess benefit transaction during the year, or did it engage in any section 4935 excess benefit transaction during the year, or did it engage in any section 4935 excess benefit transaction during the year, or did it engage in any section 4935 excess benefit transaction organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization and sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organization is enter amount of tax with a section section or the return of the complete of the foreign country (which as a bank	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
38 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)? b if Yes,* to line 35a, has the organization filed a Form 990-1 for the year? If Yes,* provide an explanation in Schedule 0. Was the organization or section 501(c)(4). 501(c)(5), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete sphication or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b 137a and year. The year of the year? 38 a Did the organization bernom from, or make any loans to, any officer, director, institute, or key employee or were any such loans made in a piner year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, institute, or key employee or were any such loans made in a piner year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, institute, or key employee or were any such loans made in a piner year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, institute, or they employee or were any such loans made in a piner year and still outstanding at the end of the tax year covered by this return. 38 b C X Section 501(c)(X) organizations included on line 9 39 b Gross recepts, included on line 9 40 a Gross recepts, included on line 9, for public use of city in districtions and the section 4958 excess benefit transaction during the year of did it engage in		· · ·			
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b If "Yes," to line 35a, has the organization field a Form 990-T for the year /! I"No," provide an explanation in Schedule 0. Was the organization or section 501(c)(4) 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. 35 Did the organization undergo a fulguation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete specialize parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	35 a				١.,
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section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on any offs prior forms 990 or 990-827 (ff **s*, complete Section 501(c)(3) and 501(c)(4) organizations. Did te organization which are organizations. Post-Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization of section 501(c)(4) organizations. Enter amount of the organization of may off spring that has not been reported on any off spring from 990-E27 in lieu of Form 1041—Check here and enter the amount of tax event or overed on the signature or other although and financial Accounts. A 1 Did the organization of the calendar year, did the organization have an interest in or a signature or other although and financial Accounts. A 2 Did the organization mantalian any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-E2 in Englanding of section 512(b)(13)? 40 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of this return is filed. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of this return is filed. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of section 501(c)(4) organization received by the organizatio			35b		
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37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30		36		l _v
b Did the organization file Form 1120-POL for this year? 3 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(X) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4915 ► section 501(c)(X) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► section 4915 ► section 501(c)(X) organizations. Enter amount of tax imposed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I transaction on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I transaction on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I transaction? If "Yes," complete Schedule I transaction in the North I transacti	37 2		-30		<u> </u>
38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? b If "Yes," complete Schedule I., Part II and enter the total amount involved 38b 39			37b	~	×
any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38b 1"Yes," complete Schedule L, Part II and enter the total amount involved 38b 3					
b if "Yes," complete Schedule L, Part II and enter the total amount involved a Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the organization and the organization are incompleted on any of its prior Forms 990 or 990-EZ?? If "Yes," complete Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax microsed on organization analyses or disqualified persons during the evar under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization and the organization and the organization and the organization and party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ 5345 Allisonville Road City, Indianapolis ST. IN. ZIP +4 ▶ 46220 b 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and enter the amount of tax-exempt interest received or accrued during the tax year. Vest	-		38a	-	Х
a Initiation fees and capital contributions included on line 9 Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an year section 4988 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-E27 If "Yes," complete Schedule L, Part 1 40b X Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax with posed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T Located at ▶ 5345 Allisonville Road Located at ▶ 5345 Allisonville Road City, Indianapole ST IN ZIP + 4 ★6220 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S.? 42b X Section 4947(a)(1) nonexempt chantable 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 year? If "Yes," Form 990 must be completed i	b				
b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	39	Section 501(c)(7) organizations Enter			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ Section 501(c)(3) and 501(c)(4) 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-EZT. If "Yes," complete Schedule L, Part 1					
b Section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ b Section 501(c)(3) and 501(c)(4) 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 db	b				
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			45b		X

Form 9	90-EZ (2012)	. Helping Paws Incorporate	ed	<u></u>		45-4313		Page 4
•							Yes	No
46		rganization engage, directly or indirectly		ivities on behalf of or i	n opposition	٠		, ,
5 .		ates for public office? If "Yes," complet		· · · · · · · · · · · · · · · · · · ·		46	L	<u> </u>
Part		ction 501(c)(3) organizations or section 501(c)(3) organizations m		17_40h and 52, and	complete the tab	es for line	26	
		and 51.	iust aliswei questions 4	77—430 and 32, and	complete the tabl	C3 101 1111	-3	
		eck if the organization used Sche	dule O to respond to ar	y question in this P	art VI			П
			· · · · · · · · · · · · · · · · · · ·	•			Yes	No
47	Did the o	rganization engage in lobbying activitie	es or have a section 501(h)	election in effect durir	ng the tax		1.55	
••		Yes," complete Schedule C, Part II				. 47		Х
48	•	anization a school as described in sec			E	. 48		X
49 a	•	rganization make any transfers to an e		•		49a		X
b	If "Yes," v	vas the related organization a section	527 organization?.	-		49b		
50	Complete	this table for the organization's five hi	ghest compensated employ	yees (other than office	ers, directors, trustee	s and key		
	employee	es) who each received more than \$100	,000 of compensation from	the organization If th	ere is none, enter "N	lone "		
	(0)	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,	(a) Fatur		
	(a)	paid more than \$100,000	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estim	compens	
		·	devoted to position	(FOITHS VV-2/1039-WIIGC)	compensation			
Name	None							
Title			Hr/WK .00			1		
Name								
Title			Hr/WK .00			_		
Name								
Title		· · · · · · · · · · · · · · · · · · ·	Hr/WK 00					
Name			Hr/wk 00					
Title			Hr/WK 00					
Name Title			Hr/WK 00					
f	Total nun	nber of other employees paid over \$10		•	<u> </u>	I ,		
51		this table for the organization's five hi		endent contractors who	o each received mor	e than		
	•	of compensation from the organization	-					
	(n) Nam	e and address of each independent contractor pai	d more than \$100 000	(b) Type of servi	ce	(c) Compens	ation	
	(a) Nam	e and address of each independent contractor par	u more train \$100,000	(b) Type of servi	•••	(c) compens		
Name	None	Str						
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str			-			
City		ST -	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str ST	ZIP		1			
City d	Total nun	nber of other independent contractors		<u> </u>	<u> </u>	 		
52		rganization complete Schedule A? Not	-		a)(1)			
JŁ		pt charitable trusts must attach a comp			-/(·/ · · · · ·	► X Y	es 🗀	No
Linder	nenalties of n	erjury, I declare that I have examined this return, i	ncluding accompanying schedules	and statements, and to the I	hest of my knowledge and	belief it is		
_		mplete Declaration of preparer (other than officer)				201101, 11 10		
		DIMINU)OURL			8/15/2014	· · · ·	
Sign		Signature of officer			Date			
Here		Sydney Banch			President			
		Type or print name and title						
Daia		Print/Type preparer's name	Preparer's signature	Date	Check X] if PTIN		
Paid		Sarah Dunlap	Varalle	mil D 81	12/2014 self-employ	- 1	95027	
•	Only	Firm's name ► Sarah Dunlap, Accou	ntant		Firm's EIN ▶			
	Only	Firm's address ► 819 E 64th Street #2		-	Phone no	(317 <u>)</u> 253-	7476	
May	the IRS dis	scuss this return with the preparer show	vn above? See instructions	.		►X Y	es 🗌] No
						Form	990-E	Z (2012)

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

Open to Public

OMR No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Inspection

Employer identification number

Helping Paws Incorporated 45-4313553 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III—Functionally integrated d Type III—Non-functionally integrated b Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No Х and (iii) below, the governing body of the supported organization? 11g(i) Х A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) X Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (ii) EIN organization (described on lines 1-9 in col (i) listed in your the organization in support above or IRC section governing document? ∞l (i) of your (i) organized in the (see instructions)) support? US? Yes Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2012 Helping Paws Incorporated

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) 2008

(b) 2009

(c) 2010

(d) 2011

(e) 2012

(f) To grants, contributions, and membership fees received (Do not

Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ").						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the	:					
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)	 		<u></u>			
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support	(=) 2009	(h) 2000	(a) 2010	(4) 2011	(0) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						0
_	sources	······					0
9	Net income from unrelated business					:	
	activities, whether or not the business is						0
40	regularly carned on						
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	L		1		12	
13	First five years. If the Form 990 is for the org	ranization's firs	t second third	fourth or fifth	tax vear as a s		
1.5	organization, check this box and stop here	garnization o mo	ι, σσσστια, ιτα	, 1001.01, 01			▶□
Cool	ion C. Computation of Public Support	Porcentage	-		· · · · · · · · · · · · · · · · · · ·		_
14	Public support percentage for 2012 (line 6, co	olumn (f) divide	d by line 11 co	lumn (fl)		14	0 00%
15	Public support percentage from 2011 Schedu				•	15	0 00%
16a	33 1/3% support test—2012. If the organizar			ne 13 and line	14 is 33 1/3%		
IVa	and stop here . The organization qualifies as						▶ □
b	33 1/3% support test—2011. If the organiza				d line 15 is 33 1	1/3% or more, c	heck this
-	box and stop here . The organization qualifie						▶□
17a	10%-facts-and-circumstances test—2012.	•			13 16a or 16	h and line 14	
I / a	is 10% or more, and if the organization meets						ın
	Part IV how the organization meets the "facts						
	organization	s-and-chodinste	11003 (03). 1110	organization q	adilics as a pa	bliory oupported	
ь	10%-facts-and-circumstances test—2011.	If the organizat	Ion did not che	ck a box on line	13 16a 16b	or 17a, and line	
U	15 is 10% or more, and if the organization me						
	Part IV how the organization meets the "facts						
	supported organization					······································	▶□
10	Private foundation. If the organization did no	ot chack a hav	on line 12 160	16b 17a or 1	7h check this b	nov and see	٠
18	instructions			, 100, 17a, 01 1	, D, GICGN UIIS L		▶□

Part III Support Schedule for Organizations 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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	1					400.007
	organization's tax-exempt purpose					122,867	122,867
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						· ·
	furnished by a governmental unit to the						
	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	122,867	122,867
7a	Amounts included on lines 1, 2, and 3					ŀ	_
	received from disqualified persons						0
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						0
c	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support (Subtract line 7c from				_		
	fine 6).						122,867
Sec	ion B. Total Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	o	0	o	0	122,867	122,867
10a	Gross income from interest, dividends,						
	payments received on secunties loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	-					
	acquired after June 30, 1975				0	0	0
C	Add lines 10a and 10b	0	0	0	U	- U	
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carned on .						0
12	Other income Do not include gain or	-		-		*	
	loss from the sale of capital assets	1					
	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,				***		
	and 12.)	0	0	0	0	122,867	122,867
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(d	c)(3)	▶□
500	tion C. Computation of Public Support	Percentage					
<u>3ec</u> 15	Public support percentage for 2012 (line 8, column		e 13 column (fl)	·	· · · · · · · · · · · · · · · · · · ·	15	100 00%
16	Public support percentage from 2011 Schedule A,		5 10, widinii (1 <i>))</i>	•	•	16	0 00%
	tion D. Computation of Investment Inc		3 ae				
17	Investment income percentage for 2012 (line 10c,			ımn (f)) .		17	0 00%
18	Investment income percentage from 2011 Schedu				•	18	0 00%
19a	33 1/3% support tests—2012. If the organization			and line 15 is me	ore than 33 1/3%	, and line 17 is	
	not more than 33 1/3%, check this box and stop h	ere. The organiz	ation qualifies as	a publicly suppo	orted organization	n	► X
b	33 1/3% support tests—2011. If the organization						
	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	e organization q	ualifies as a publ	icly supported or	ganization	▶∐
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	_ ▶ ∟

\$CHEDULE O ' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

Helping Paws Incorporated	45-4313553
Form 990-EZ, Part I, Line 16, Other Expenses Fundraising 9,838	
Form 990-EZ, Part I, Line 16, Other Expenses. Website expenses: 5,410	
	•

Name of the organization	Employer identification number	Page Z
Helping Paws Incorporated	45-4313553	
		-
-		

, d	00 (Days 4 0040)				- 2
	68 (Rev 1-2013) ou are filing for an Additional (Not Automatic)	2 Month Ex	dension, complete only Port II	and shock this hav	Page 2
•	Only complete Part II if you have already been g		•		🖊 🔼
	ou are filing for an Automatic 3-Month Extension			previously liled i offi	1 0000
Part				ginal (no copies ne	eded).
				ler's identifying numb	
Туре о	Type or Name of exempt organization Employer identification number			umber (EIN) or	
print					
	Number, street, and room or suite no if a P (O box, see ir	nstructions	Social security numb	er (SSN)
File by the due date f	OS TO AMBONTANIC TYDAG				
filing your return Se	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions.		
instruction				IN	46220
Enter t	he Return code for the return that this applicatio	n is for (file	a separate application for each r	etum) .	. 01
Application Is For		Return Code	Application Is For		Return Code
Form 9	990 or Form 990-EZ	01			
	990-BL	02	Form 1041-A		08
	4720 (ındividual)	03	Form 4720		09
Form 990-PF		04	Form 5227		10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above) 06 Form 8870					12
STOPI	Do not complete Part II if you were not already g	granted an a	nutomatic 3-month extension on a	a previously filed For	n 8868.
• The	books are in the care of Sydney Banch				
	ephone No ► (317) 366-2266		FAX No ►		 1
	e organization does not have an office or place				▶ 📗
• If th	is is for a Group Return, enter the organization's	=			If this is
	whole group, check this box the names and EINs of all members the extension	•	part of the group, check this box	▶	and attach a
4	request on additional 2 month outcomes of time	o until	11/15/2013		
	request an additional 3-month extension of time. For calendar year, or other tax year b		·	and ending 1	2/31/2012 .
	If the tax year entered in line 5 is for less than 1:		· ,		
6 	Change in accounting period	2 1110111115, C	heck reason X Initial re	um rmanetu	II
7	State in detail why you need the extension				
•	otate in detail willy you need the extension				
-					
	If this application is for Form 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax,	ess any	
_	nonrefundable credits See instructions			8a_	\$ 0
	If this application is for Form 990-PF, 990-T, 472		• • • • • • • • • • • • • • • • • • •	i	
	estimated tax payments made Include any prior	r year overp	payment allowed as a credit and a	•	
_	amount paid previously with Form 8868	do	wood with this fame if say, and	8b	\$ 0
	Balance due. Subtract line 8b from line 8a Incli		•	· · ·	•
	EFTPS (Electronic Federal Tax Payment Syster	iij. See iiist	i uciioi is	8c	\$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declar	re that I have examined this for	m, including accompanying schedule	s and statements, and to the best of my
knowledge and belief, it is true, cor	rrect, and complete, and that I a	am authorized to prepare this form	

8/15/2013 Form **8868** (Rev 1-2013)

Date -

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990-EZ	ı	SSOUTH		This return was not filed on time because the person who was originally hired to file for the not-for-profit status did not file the paperwork at all even though he was paid to do so. Then the organization had to get their bookkeeping records back from him in order to calculate the numbers for a return. After having paid the first person to complete the form 1023 the organization did not have the money to hire someone else to complete all the work again. We were able to finally find an accountant who was willing to complete the work for us at a very minimal rate that we could afford.
L			<u> </u>		