Form **990**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization HELEN SANDERS CAT PROTECTION AND WEL
Doing Business As CATPAWS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1198 PACIFIC COAST HWY

City or town, state or province, country, and ZIP or foreign postal code
SEAL BEACH CA 90740

D Employer identification number
271400697

E Telephone number
(562) 619-8820

G Gross receipts $ 77,240

F Name and address of principal officer:
SEE ATTACHMENT #1

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HELENSANDERSCATPAWS.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2010

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CAT RESCUE TRAP, NEUTER AND RELEASE FERAL CATS, RESCUE AND SEEK ADOPTIONS FOR CATS PULLED FROM HIGH KILL SHELTERS AND STRAYS, PROVIDE FREE SPAY NEUTER VOUCHERS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	73,278	77,240
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,278	77,240
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,475		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,801	81,420
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,801	81,420
19	Revenue less expenses. Subtract line 18 from line 12	2,477	-4,180

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,501	9,207
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	13,501	9,207

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer Date

▶ ANNELLE AVIANI BAUM DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET BREWER				P00077465

Firm's name ▶ HRB TAX GROUP INC — Firm's EIN ▶ 431871840

Firm's address ▶ 3900 KILROY AIRPORT WAY LONG BEACH CA 90806 — Phone no. 5624217884

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

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