** PUBLIC DISCLOSURE COPY

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. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MAX'S HELPING PAWS FOUNDATION Name change 81-2990529 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 26388 CARMEL RANCHO LANE SUITE D (831) 704-6473538,079. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 93923 CARMEL, CA H(a) Is this a group return return
Application
pending F Name and address of principal officer: DYANA KLEIN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MAXSHELPINGPAWS.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other L Year of formation: 2014 M State of legal domicile: CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDING FINANCIAL SUPPORT FOR **Activities & Governance** PETS IN A HEALTH CRISIS. 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 417,157. 402,484. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 1,380. 676. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 90,518. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 800. 11 418,633. 494,382. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 56,474. 94,203. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 299,229. 402,048. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 355,703. 496,251. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,930. -1,869. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 547,067. 540,530. Total assets (Part X, line 16) 13,021. 8,353. 21 Total liabilities (Part X, line 26) 三年 534,046. 532,177 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign SYLVANA STRATTON, TREASURER Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 07/19/24 P01404602 AUTUMN ROSSI AUTUMN ROSSI self-employed Paid CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749Preparer Firm's name

Yes

Phone no. (831) 759-6300

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

SALINAS, CA 93901

Firm's address 1188 PADRE DRIVE,

Use Only

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Pai	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: REDUCE ECONOMIC EUTHANASIA, SURRENDER, AND SUFFERING OF SEVERLY ILL OR
	INJURED PETS BY PROVIDING PET OWNERS ASSISTANCE WITH THE COSTS OF
	URGENT MEDICAL CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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.
 4а	(Code:) (Expenses \$ 205,161. including grants of \$ 0.) (Revenue \$ 0.)
··u	CRITICAL CARE/SHORT-TERM CARE: MEDICAL DIAGNOSTICS, STABILIZATION AND
	INITIAL TREATMENT FOR CHRONIC ILLNESS OR ACUTE INJURY. MAX'S SHORT-TERM
	CARE PROGRAM FOR URGENT OR CRITICAL PATIENTS ASSISTED 201 PETS IN 2023.
4b	(Code:) (Expenses \$171 , 698 • _ including grants of \$0 • _) (Revenue \$)
	DIAGNOSTIC/STABILIZATION: DIAGNOSTICS/STABILIZATION/INITIAL TREATMENT
	WHEN THE OWNER OTHERWISE CANNOT AFFORD TO GET TO THE VET BECAUSE OF
	FINANCIAL LIMITATIONS.
	THIS PROGRAM SERVED 336 PETS IN 2023.
4c	(Code:) (Expenses \$10,173 \cdot including grants of \$0 \cdot) (Revenue \$)
	CONTINUED/LONG-TERM CARE: CONTINUED CARE FOR NEWLY DIAGNOSTICS CHRONIC
	MEDICAL CONDITIONS.
	THE LONG TERM CARE PROGRAM SERVED 10 PETS IN 2023.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 387,032.
	Form 330 (2023)

MAX'S HELPING PAWS FOUNDATION

Form 990 (2023) MAX 'S HELPING PAWS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2023) MAX'S HELPING PAWS FOUNDATION 81-29	9052	9	Page 4
Pai	TIV Checklist of Required Schedules (continued)			
			Ye	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	2	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	3	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24	а	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24	c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	···· 	_	+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25	<u>.</u>	x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	23		+*
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		.	x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	+
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		_	\ .
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			-
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV		а	<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	b	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		С	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29)	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30)	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	2	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	3	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ے ا	a	X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36	3	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	3 X	
Pai			•	
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Ye	s No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	1.0	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	10	, x	
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				, /

Form 990 (2023) MAX 'S HELPING PAWS FOUNDATION

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	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х		
За	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	Ο.		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	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 A	ccour	its (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_	
	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	e orga	anization solicit			37	
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			۱			
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).	vioco :	provided to the payer?	7-		Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	•	, ,	7a 7b			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
C		as req	uirea	7c		х	
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		10			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7e 7f		X	
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	Proposition organization have average having an aboldings at any time described and	•		8			
9	Sponsoring organizations maintaining donor advised funds.						
а							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	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:		1				
а	Gross income from members or shareholders	11a		4			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b	•				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a			
	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.			40-			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
b	organization is licensed to issue qualified health plans	13b					
c	Enter the amount of reserves on hand	13c		1			
				14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

332005 12-21-23

MAX'S HELPING PAWS FOUNDATION 81-2990529 Form 990 (2023) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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.

X Upon request Another's website __ Other (explain on Schedule O) Own website

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.

State the name, address, and telephone number of the person who possesses the organization's books and records DYANA KLEIN - 408-396-3960

26373 JEANETTE ROAD, CARMEL VALLEY 93924

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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	99			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	trust		99	n pen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtiona	_	nploy	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) SARA DAVI	40.00		_			1				
EXECUTIVE DIRECTOR		Х						76,500.	0.	0.
(2) JONATHAN FRADKIN	25.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DYANA KLEIN	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MELISSA HALL	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SYLVANA STRATTON	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) DINA RUIZ-EASTWOOD	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) ANN ELKIN	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) CARLOTTA MELLON	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(9) SHARON PETROSINO-WILSON	2.00	.,							,	0
DIRECTOR	1 2 00	Х						0.	0.	0.
(10) CONNIE HONG SMITH	2.00	. ,							0	•
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								
-										
		1								
										_
										- 000 (2222)

81-2990529

Part VII Section A. Officers, Directors, (A)	(B)	J.0y(,			91163	0	(D)	, ,	\neg	(F	1
` '	Average	(C) Position						· · /	(E)		(F Estim	
Name and title	hours per		not cl	heck i	more	than o		Reportable compensation	Reportable compensation		amou	
	week		cer an					from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				- - - -		organization	(W-2/1099-MISC	/	from	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organi	zation
	organizations	Itrus	nal trı		oyee	om o		1099-NEC)			and re	lated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
	line)	ip u	Inst	Offi	Key	E High	윤			\dashv		
		-										
										+		
		<u> </u>								\dashv		
		1										
										十		
		_								+		
										\top		
		┢								+		
		-										
										+		
										\perp		
1b Subtotal								76,500.).		0.
c Total from continuation sheets to Pa								0.).		0.
d Total (add lines 1b and 1c)		<u></u>						76,500.	().		0.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization											Ye	0 s No
3 Did the organization list any former of	ficer, director, trust	ee. k	ev e	mpl	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J			•	•	•		_		•		3	х
4 For any individual listed on line 1a, is t										٠		1
and related organizations greater than											4	х
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes,"					•			•			5	Х
Section B. Independent Contractors												
1 Complete this table for your five higher the organization. Report compensation										nsatio	on from	
(A				<u> </u>				(B)			(C)	
Name and busi	ness address	NC	ONE	3				Description of s	ervices	Co	mpensa	tion
							_					
2 Total number of independent contract		ot lir	nited	to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the or	rganization				()					- 00	0.7-
										F	orm 99 0	U (2023

MAX'S HELPING PAWS FOUNDATION 81-2990529 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 20,780. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 381,704. 5,000. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 402,484. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,380. 1,380. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$20,780. of contributions reported on line 1c). See 8a 134,215. Part IV, line 18 **b** Less: direct expenses 90,518. 90,518. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

332009 12-21-23

91,898. Form **990** (2023)

494,382.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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,	76,500.	24 425	7,650.	24 425
_	trustees, and key employees	70,500.	34,425.	7,050.	34,425
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	10,658.	4,796.	1,066.	4,796
7	Other salaries and wages	10,030.	4,130•	1,000.	4,130
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	7,045.	3,170.	705.	3,170
11	Fees for services (nonemployees):	7,0131	3,1700	7031	3,170
	Management				
	Legal	2,504.		2,504.	
	Accounting	5,699.		5,699.	
	Lobbying	0,000		3,000	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	10,532.			10,532
12	Advertising and promotion	9,476.		3,187.	10,532 6,289
13	Office expenses	2,960.		2,960.	-
14	Information technology	100.		100.	
15	Royalties				
16	Occupancy	11,626.		11,626.	
17	Travel	1,093.		1,093.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,794.		3,794.	
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 0.)	220 641	220 641		
a	VETERINARY SERVICES INKIND	339,641. 5,000.	339,641.		
b		3,547.	3,000.	2 5 4 7	
C	TELEPHONE BANK FEES	3,547.		3,547.	3,133
d		2,547.		2,547.	3,133
	All other expenses Total functional expenses. Add lines 1 through 24e	496,251.	387,032.	46,874.	62,345
25 26	Joint costs. Complete this line only if the organization	470,4J1•	301,032.	40,0/4.	02,343
26	reported in column (B) joint costs from a combined				
	. , , .				
	educational campaign and fundraising solicitation.			1	

Par	ιχ	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		75.		13,702
	2	Savings and temporary cash investments		344,440.	2	166,363
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		82,865.	4	55,957
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ		6		
13	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		10,149.	9	
	10a	Land, buildings, and equipment: cost or other	1 I			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11	200,636	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets	8,978.	14	8,978	
	15	Other assets. See Part IV, line 11	100,560.		94,894	
_	16	Total assets. Add lines 1 through 15 (must e		547,067.		540,530
	17	Accounts payable and accrued expenses		6,021.		8,353
	18	Grants payable	T 000	18		
	19	Deferred revenue	7,000.	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
┋╽		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		12 001	25	0 252
+	26	<u> </u>	[V]	13,021.	26	8,353
s l		Organizations that follow FASB ASC 958, o	heck here X			
ဥ		and complete lines 27, 28, 32, and 33.		E24 046		E22 177
<u>a</u>	27			534,046.	27	532,177
ğ	28	Net assets with donor restrictions			28	
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
-		and complete lines 29 through 33.				
13	29	Capital stock or trust principal, or current fun-			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		521 D16	31	E27 177
ž	32	Total net assets or fund balances		534,046.	32	532,177
	33	Total liabilities and net assets/fund balances		547,067.	33	540,530

Pai	t 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	49	4,3	82.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	49	6,2	<u>51.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,869			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53	4,0	46.	
5	Net unrealized gains (losses) on investments	5				
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	53	2,1	77.	
Pai	t 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: Cash X Accrual 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?		2a		X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

Name of the organization

MAX 'S HELPING PAWS FOUNDATION

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.)

IIIC	orga	inzation is not a private lound	ation because it is. (i	of lifes i tillough 12, c	I ICCK OF ITY	orie box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state:	•				CA NA	, ,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ad by a go	wernmental unit describe	ad in
3				lege of university owned	or operati	ed by a go	verninental unit describe	5 u III
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general _ا	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	arant college of agric	ulture (see instructions).	Enter the i	name, citv	. and state of the college	e or
		university:	, ,	,		, ,	,	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receints from
		activities related to its exen						
				•			* *	-
		income and unrelated busin		(less section 511 tax) iro	iii busiiles	ses acqui	red by the organization a	itter June 30, 1975.
		See section 509(a)(2). (Col	•					
11	\vdash	An organization organized a	· ·	•	•			
12		An organization organized a	· ·	· · ·	-		•	• •
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supr	oorted
		organization(s). You mus			•			
c		Type III functionally inte	•		in connect	ion with a	and functionally integrate	ed with
Ŭ		its supported organization	= ::				• •	, a man,
d		Type III non-functionally		·				zation(s)
u							• • • • • • • • • • • • • • • • • • • •	
		that is not functionally int	-	•	•		•	veness
		requirement (see instructi	-	- ·				
е	L	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.		
f		ter the number of supported o	•					
g	Pro	ovide the following information			(iv) In the area	unization listed		(-1) A
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			i				i	

(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.)

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=) = = : =	(-,	(5) = 5 = 1	(-,	(5) = 5 = 5	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	256,087.	352,829.	481,990.	417,157.	402,484.	1910547.
2	Tax revenues levied for the organ-						
	ization'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	256,087.	352,829.	481,990.	417,157.	402,484.	1910547.
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)						338,402.
6	Public support. Subtract line 5 from line 4.						1572145.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	256,087.	352,829.	481,990.	417,157.	402,484.	1910547.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32.	25.	23.	676.	1,380.	2,136.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	18,995.		59,784.	800.	90,518.	170,097.
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						2082780.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li		•	.,,		14	75.48 %
	Public support percentage from 2022					15	84.12 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
,		
8		
0		
0-		
9a		
0 1.		
9b		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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	T V Type III Non-Functionally integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

aule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

81-2990529

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

MAX'S HELPING PAWS 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

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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MAX'S HELPING PAWS FOUNDATION

81-2990529

Page 2

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		\$ <u>138,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 27,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MAX'S HELPING PAWS FOUNDATION

81-2990529

Page 2

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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MAX'S HELPING PAWS FOUNDATION

81-2990529

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** MAX'S HELPING PAWS FOUNDATION 81-2990529 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization MAX'S HELPING PAWS FOUNDATION **Employer identification number** 81-2990529

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
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 w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Sin	nilar Assets	(cont	inued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signific	ant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	empt p	urpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar asse	ts			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the organizatior	answered "Yes" or	Form	990, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other assets no	t inclu	ded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII				_				
					L		Amou	nt	
С	Beginning balance				L	1c			
	Additions during the year					1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years back	(e) Fou	ır years	back
1a	Beginning of year balance	100,000.	100,000.						
b	Contributions			100,000.					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships	2,680.							
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	2,986.							
g	End of year balance	94,334.	100,000.	· · · · · · · · · · · · · · · · · · ·					
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
С	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	:he				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	X	
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990		ŕ	,				
	Description of property	(a) Cost or o basis (investn		' '	Accum eprecia	nulated ation	(d) Boo	ok valu	ie
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	l l							
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))					0.

Schedule D (Form 990) 2023

2 Closely held equity interests	Schedule D (Form 990) 2023 MAX 'S HELPI Part VII Investments - Other Securities	NG PAWS FOUND		1-2990529 Page 3
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (3) Other (A) (5) Other (A) (5) Other (A) (5) Other (A) (7) Other Liabilities (14) Other Liabilities (15) Oth	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests (3) Other (A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (G) (G) (G) (F) (G) (G) (H) (F) (F) (G) (G) (G) (F) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial derivatives			
(A) (B) (C) (D) (E) (F) (F) (G) (D) (E) (F) (F) (G) (F) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely held equity interests			
(B) (C) (C) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other			
(C) (D) (E) (F) (F) (G) (H) (D) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)			
(D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)			
(E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
(F) (G) (H) (F)	(D)			
(6) (H) (H) (Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) 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 (f) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)				
Total. (Col. (t) must equal form 990, Part X, line 12, col. (8)				
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)				
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 (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (2) (3) (4) (4) (5) (6) (6) (77 (8) (9) (9) (77 (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10				nd-of-vear market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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) SECURITY DEPOSIT (2) OTHER INVESTMENTS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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) (4) (5)				,
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part X 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) SECURITY DEPOSIT (a) Description (b) Book value (2) OTHER INVESTMENTS (94, 334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6)				
(4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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) SECURITY DEPOSIT 560. (2) OTHER INVESTMENTS 94, 334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94, 894. 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) (6)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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) SECURITY DEPOSIT (2) OTHER INVESTMENTS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (9) 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) (6)				
(8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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) SECURITY DEPOSIT 560. (2) OTHER INVESTMENTS 94 , 334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94 , 894. 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)			
Security Deposition Description Desc	(7)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	(8)			
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	(9)			
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) SECURITY DEPOSIT 560. (2) OTHER INVESTMENTS 94,334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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 (b) Book value (b) Book value (c) Book value (d) Description of liability (e) Book value				
(a) Description (b) Book value (1) SECURITY DEPOSIT 560. (2) OTHER INVESTMENTS 94,334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94,894. 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)				
(1) SECURITY DEPOSIT 560. (2) OTHER INVESTMENTS 94,334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94,894. 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)			11d. See Form 990, Part X, line 15.	(In) Dead control
(2) OTHER INVESTMENTS 94,334. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94,894. 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)		Description		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				94,334.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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)				
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)		l. (B))		94,894.
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)	Part X Other Liabilities	·· (=)/		•
(1) Federal income taxes (2) (3) (4) (5)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
(2) (3) (4) (5)	1. (a) Description of liability			(b) Book value
(3) (4) (5)	(1) Federal income taxes			
(4) (5)	(2)			
(5)	(3)			
	(4)			
(6)	(5)			
	(6)			

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 D (Form 990) 2023

(8) (9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	ule D (Form 990) 2023 MAX'S HELPING PAWS FOUN		81-2990529	Page 4
Part	·		ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	1	
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) XII Reconciliation of Expenses per Audited Financial Sta)	5	
Part			nses per Keturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e ,	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	5	
Part	XIII Supplemental Information			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part	: XI,
ines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.		
PAR'	T V, LINE 4:			
PHE	ENDOWMENTS INTENDED USE IS TO SUPPORT	THE GENERAL (OPERATIONS OF THE	
FOU	NDATION.			

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number MAX'S HELPING PAWS FOUNDATION 81-2990529 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa			
			FORMAL	OTHER SMALL	NONE	(d) Total events			
			CURATED DINN			(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
e			(575.12 (3)55)	(3.3.12.13.00)	(LOCAL HAITIDOI)				
Revenue			146 205	0 610		154 005			
Re	י	Gross receipts	146,385.	8,610.		154,995.			
	_		20 700			20 700			
	2	Less: Contributions	20,780.			20,780.			
	_		105 605	0 610		124 215			
	3	Gross income (line 1 minus line 2)	125,605.	8,610.		134,215.			
		Ocal code							
	4	Cash prizes							
	_								
ω.	5	Noncash prizes							
Direct Expenses	_	Death for illinorate							
per	6	Rent/facility costs							
Ě	_								
rec	7	Food and beverages							
Ö									
	_	Entertainment		1 700		42 607			
	9	Other direct expenses	·	1,799.		43,697.			
	10	Direct expense summary. Add lines 4 through				43,697.			
Da	11 rt I			000 D-+ N/ P 10		90,518.			
Га	ונו		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	I	# > Doll to be Constant					
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c))			
Rev									
	1	Gross revenue							
	_								
es	2	Cash prizes							
Direct Expenses	_								
ă	3	Noncash prizes							
ct E	_	D 1/6 111							
Öire	4	Rent/facility costs							
	_								
	5	Other direct expenses							
	_		Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No				
	_	D:	5						
	′	Direct expense summary. Add lines 2 through	1 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
		ter the state(s) in which the organization condu							
		he organization licensed to conduct gaming ac				Yes No			
b	If "	No," explain:							
	_								
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
b	If "	If "Yes," explain:							
	_								

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 MAX'S HELPING PAWS FOUNDATION 81	29	905	529	Page 3				
11	Does the organization conduct gaming activities with nonmembers?		\neg	Yes	No				
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
-	to administer charitable gaming?	Г	\neg ,	Yes	No				
40		∟		163	NO				
	Indicate the percentage of gaming activity conducted in:	1	. ـ ا						
	The organization's facility		13a		<u>%</u>				
	An outside facility	L1	13b		<u>%</u>				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	Yes	☐ No				
	3 3 3								
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ł							
	of gaming revenue retained by the third party \$	•							
_									
С	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation \$								
	Description of continue provided								
	Description of services provided								
			—						
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?		,	Yes	☐ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3							
	organization's own exempt activities during the tax year \$								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part II	I. line	es 9. 9	9b. 10b.				
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, aren	.,	, c	, 100,				
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.								

Schedule G (Form 990) MAX'S HELPING PAWS FOUNDATION	81-2990529 Page 4
Schedule G (Form 990) MAX S HELPING PAWS FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAX'S HELPING PAWS FOUNDATION

Employer identification number 81-2990529

SECTION A, FORM 990, PART VI, LINE 1A: THE BOARD OF DIRECTORS MAY, BY A MAJORITY VOTE OF DIRECTORS, DESIGNATE TWO OR MORE OF ITS MEMBERS (WHO MAY ALSO BE SERVING AS OFFICERS OF THIS TO CONSTITUTE AN EXECUTIVE COMMITTEE AND DELEGATE TO SUCH CORPORATION) COMMITTEE ANY OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, EXCEPT WITH RESPECT TO: THE FILLING OF VACANCIES ON THE BOARD OR ON ANY COMMITTEE WHICH HAS THE AUTHORITY OF THE BOARD. THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE. THE AMENDMENT OR REPEAL OF BYLAWS OR THE ADOPTION OF NEW BYLAWS. THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE. THE APPOINTMENT OF COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF. CO THE EXPENDITURE OF CORPORATE FUNDS TO SUPPORT A NOMINEE FOR DIRECTOR AFTER THERE ARE MORE PEOPLE NOMINATED FOR DIRECTOR THAN CAN BE ELECTED. THE APPROVAL OF ANY TRANSACTION TO WHICH THIS CORPORATION IS A PARTY IN WHICH ONE OR MORE OF THE DIRECTORS HAS A MATERIAL FINANCIAL EXCEPT AS EXPRESSLY PROVIDED IN SECTION 5233(D)(3) OF THE

BY A MAJORITY VOTE OF ITS MEMBERS THEN IN OFFICE, THE BOARD MAY AT ANY TIME

REVOKE OR MODIFY ANY OR ALL OF THE AUTHORITY SO DELEGATED, INCREASE OR

DECREASE BUT NOT BELOW TWO (2) THE NUMBER OF ITS MEMBERS, AND FILL

VACANCIES THEREIN FROM THE MEMBERS OF THE BOARD. THE COMMITTEE SHALL KEEP

REGULAR MINUTES OF ITS PROCEEDINGS, CAUSE THEM TO BE FILED WITH THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

LHA 332211 11-14-23

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Name of the organization **Employer identification number** 81-2990529 MAX'S HELPING PAWS FOUNDATION CORPORATE RECORDS, AND REPORT THE SAME TO THE BOARD FROM TIME TO TIME AS THE BOARD MAY REQUIRE. FORM 990, PART VI, SECTION A, LINE 2: LINE 2 EXPLANATION - DYANA KLEIN AND JONATHAN FRADKIN HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - A COPY OF THE 990 IS PROVIDED TO BOARD MEMBERS BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: AT THE ANNUAL BOARD RETREAT THE CONFLICT OF INTEREST POLICY IS REVIEWED AND DISCUSSED AND MEMBERS VERBALLY ACKNOWLEDGE ADHERANCE TO THE POLICY AND WHETHER ANY CONFLICTS EXSIST. IF ANY TRANSACTION OR DISCUSSION WERE TO ARISE IN THE NORMAL COURSE OF BUSINESS THE INDIVIDUAL BOARD MEMBER WOULD RESCUSE THEMSELVES FROM THE DISCUSSION AND VOTE. FORM 990, PART VI, SECTION C, LINE 19: YOU CAN OBTAIN A COPY OF THE ORGANIZATION'S EXEMPT APPLICATION AND RETURN BY REQUESTING IN WRITING TO THE ADDRESS ON FILE.