

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

2023

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning _____, **2023, and ending** _____,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	PAWS HELPING PEOPLE, INC. P.O. BOX 441 SOQUEL, CA 95073	27-5502745
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		888-674-5471
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify): _____

I Website: WWW.LIVINGUNCHAINED.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990).

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 190,644.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	179,239.
	2	Program service revenue including government fees and contracts	2	11,360.
	3	Membership dues and assessments	3	
	4	Investment income	4	45.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	c Less: direct expenses from gaming and fundraising events	6c		
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	8 Other revenue (describe in Schedule O)	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	190,644.	
Expenses	10	10 Grants and similar amounts paid (list in Schedule O)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	88,946.
	13	13 Professional fees and other payments to independent contractors	13	6,928.
	14	14 Occupancy, rent, utilities, and maintenance	14	1,764.
	15	15 Printing, publications, postage, and shipping	15	1,564.
	16	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	16,410.
17	17 Total expenses. Add lines 10 through 16.	17	115,612.	
Net Assets	18	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	75,032.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	307,433.
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	382,465.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	218,170.	22 290,698.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	89,263.	24 91,767.
25 Total assets	307,433.	25 382,465.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	307,433.	27 382,465.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	62,434.
29		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	62,434.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MELISSA WOLF BOARD PRESIDENT	30	0.	0.	0.
MARLO BOTELO-AEPLI EXECUTIVE DIR.	40	0.	0.	0.
JENNIFER MATLOCK SECRETARY	1	0.	0.	0.
MARTHA E DENNY TREASURER	1	0.	0.	0.
ALLISON DARIN BOARD MEMBER	1	0.	0.	0.
LIZ MACDONALD BOARD MEMBER	1	0.	0.	0.
SUSAN SKULLEY BOARD MEMBER	1	0.	0.	0.
SASKIA VANDEKAMP BOARD MEMBER	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state reporting.

42a The organization's books are in care of: ROBIN HAISLEY Telephone no. 831-656-0834 Located at: 301 BONIFACIO PLACE MONTEREY CA ZIP + 4 93940

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country name.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No columns.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	MELISSA WOLF		BOARD PRESIDENT	
Paid Preparer Use Only	Print/type preparer's name		Preparer's signature	Date
	CYNTHIA E. DAVIS, CPA		CYNTHIA E. DAVIS, CPA	5/17/24
	Firm's name		PTIN	
	Firm's address		Check <input type="checkbox"/> if self-employed	P00311540
BIANCHI, KASAVAN & POPE, LLP		Firm's EIN 94-1541507		
1000 MUNRAS AVE STE 200		Phone no. (831) 373-1697		
MONTEREY, CA 93940				

May the IRS discuss this return with the preparer shown above? See instructions. Yes No