Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

A	For t	he 2023 calendar year, or tax year beginning , 2023, and ending	,			
В	Check	if applicable: C	D Employer identification number			
	Addres	ss change	07 5500745			
L	1	change PAWS HELPING PEOPLE, INC. P.O. BOX 441	27-5502745 E Telephone number			
	Initial	ISOOTIFI CA 95073	888-674-5471			
L	1	urn/terminated				
	1	ded return ation pending	Group Ex Number	emption		
G	,	unting Method: Cash X Accrual Other (specify):		organization is not		
ĭ	Web			Schedule B		
J		cempt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 99				
K	Form	of organization: X 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 to ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal			
$\overline{}$				190,644.		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction of the organization used Schedule O to respond to any question in this Part I	ctions to	or Part I)		
_	1	Contributions, gifts, grants, and similar amounts received				
	1	Program service revenue including government fees and contracts.	(200)	179,239.		
	2	Membership dues and assessments.		11,360.		
	3					
	4	Investment income	4	45.		
		Gross amount from sale of assets other than inventory. 5a Less: cost or other basis and sales expenses. 5b	991			
	1					
	6 6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c			
Φ	•	Gross income from gaming (attach Schedule G if greater than \$15,000)				
Revenue		Gross income from fundraising events (not including \$ of contributions				
Š	0	from fundraising events reported on line 1) (attach Schedule G if the sum				
Re		of such gross income and contributions exceeds \$15,000)				
	С	Less: direct expenses from gaming and fundraising events 6c	11 15			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	72	Gross sales of inventory, less returns and allowances	, , ou			
		Less: cost of goods sold				
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		190,644.		
_	10	Grants and similar amounts paid (list in Schedule O).		100,044.		
	11	Benefits paid to or for members				
S	12	Salaries, other compensation, and employee benefits	. 12	88,946.		
Expenses	13	Professional fees and other payments to independent contractors		6,928.		
g	14	Occupancy, rent, utilities, and maintenance		1,764.		
ũ	15			1,564.		
	16	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) SEE SCHEDULE O	16	16,410.		
	17	Total expenses. Add lines 10 through 16	. 17	115,612.		
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	75,032.		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ar			
ASS		figure reported on prior year's return)	19	307,433.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	382,465.		
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2023)		

Page 2

Fai	Check if the organization used Sch	tructions for Mart II) edule 0 to respond to any ge	uestion in this Part II			X
-				(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments		218,170.	290, 698.		
23	Land and buildings Other assets (describe in Schedule O) .	CEE COMEDITE O			23	
24				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			307,433.	27	382,465.
Pai	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)	. 👽		Expenses
14/14	Check if the organization used So	hedule O to respond to any	question in this Part II		(Reg	uired for section 501
wnat	is the organization's primary exempt purpose? SEE	SCHEDULE O	ta dana langatan		(c)(3)) and 501(c)(4) nizations; optional
mea	cribe the organization's program service a sured by expenses. In a clear and concis efited, and other relevant information for o	e manner, describe the servi each program title.	its three largest progr ices provided, the nun	am services, as observed of persons		thers.)
28	SEE SCHEDULE O					
	(Grants \$) If th	is amount includes foreign g	rants, check here		28a	62,434.
29						
	(Grants \$) If th	is amount includes foreign g	rants, check here		29a	
30						
		is amount includes foreign g			30a	
31	Other program services (describe in Sch					
		is amount includes foreign g			31 a	
	Total program service expenses (add li			The same of the sa	32	62,434.
Par	List of Officers, Directors, Check if the organization used Sc					
	Check if the organization used Sc		(c) Reportable compensatio			
	(a) Name and title	(b) Average hours per week devoted to	(Forms W-2/1099-MIS/ 1099-NEC)	contributions to employ	ree	(e) Estimated amount of
		position	(if not paid, enter -0-)	benefit plans, and defer compensation	rea	other compensation
MEI	ISSA WOLF					
BOA	RD PRESIDENT	30	0		0.	0.
MAF	LO BOTELLO-AEPLI					
	CUTIVE DIR.	40	0		0.	0.
	NIFER MATLOCK					
	RETARY	1	0		0.	0.
	THA E DENNY					
	ASURER	1	0		0.	0.
	ISON DARIN					
	RD MEMBER	1	0		0.	0.
	MACDONALD					
	RD MEMBER	1	0		0.	0.
	AN_SKULLEY				_	
	RD MEMBER	1	0	•	0.	<u> </u>
	KIA_VANDEKAMP	1	_		_	
BUA	RD MEMBER		0	•	0.	0.
					\rightarrow	
					-	
					-	
						,
-					-	
-					+	

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in	SEE	SCH	0 _	
_	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	688		No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.				
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,				
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				
	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Olid the organization file Form 1120-POL for this year?	37b		X	
382	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х	
	o If "Yes," complete Schedule L, Part II, and enter the total amount involved. Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9	-		100	
	Gross receipts, included on line 9, for public use of club facilities.	-			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		-		
	section 4911: 0 ; section 4912: 0 ; section 4955: 0			6	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		15		
,	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	2000	X	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax				
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X	
	Shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: CA	40e		X	
41 42a	List the states with which a copy of this return is filed: CA The organization's books are in care of: ROBIN HAISLEY Telephone no. 831-6 Located at: 301 BONIFACIO PLACE MONTEREY CA ZIP + 4 93940				
41 42a	List the states with which a copy of this return is filed: CA The organization's books are in care of: ROBIN HAISLEY Telephone no. 831-6 Located at: 301 BONIFACIO PLACE MONTEREY CA ZIP + 4 93940	<u>56-0</u>	834 Yes	No	
41 42a	List the states with which a copy of this return is filed: CA The organization's books are in care of: ROBIN HAISLEY Telephone no. 831-6				
41 42a	List the states with which a copy of this return is filed: CA The organization's books are in care of: ROBIN HAISLEY BONIFACIO PLACE MONTEREY CA ZIP + 4 93940 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>56-0</u>		No	
41 42a	The organization's books are in care of: CA The organization's books are in care of: CA Tolephone no. B31-6 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	<u>56-0</u>		No	
41 42a b	The organization's books are in care of: CA Tolephone no. BOBIN HAISLEY Located at: 301 BONIFACIO PLACE MONTEREY CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	<u>56-0</u>		No	
41 42a b	The organization's books are in care of: CA Tolephone no. BOBIN HAISLEY Located at: 301 BONIFACIO PLACE MONTEREY CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	56-0 42b		No X	
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41 42a b c c d	The organization's books are in care of: ROBIN HAISLEY Located at: 301 BONTFACTO PLACE MONTEREY CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 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. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	42b 42c 44a 44b 44c 44d	Yes	X N/A N/A NO X X	
41 42a b c 43 44a b c d 45a	The organization's books are in care of: ROBIN HAISLEY At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 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. Joid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. If "Yes," to line 44c. has the organization filed a Form 720 to report these payments?	42b 42c 42c	Yes	No X X N/A N/A No X	

					-	res	NO	
46 Did t	the organization engage, directly or indire lidates for public office? If "Yes," complet	ctly, in political campa	ign activities on behalf of	of or in opposition to	46			
Part VI	Section 501(c)(3) Organization:				40		X	
rait VI	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b an	d 52, and complete	the table	S		
	Check if the organization used	Schedule O to resp	ond to any questio	n in this Part VI				
47 Did #	he organization engage in labbuing activities	or house a section E01/h) alastian in offset during	the tox year? If "Ves "		Yes	No	
47 Did the	he organization engage in lobbying activities plete Schedule C, Part II	or have a section sorth		the tax year? If ites,	47		Х	
	e organization a school as described in se						X	
49a Did t	he organization make any transfers to an	exempt non-charitable	e related organization?		49a		Х	
	es," was the related organization a section							
	plete this table for the organization's five high oyees) who each received more than \$100,0				key			
	oyees) who each received more than \$100,0	oc or compensation from						
	(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 other comp			
NONE								
	number of other employees paid over \$1							
51 Comp	plete this table for the organization's five high pensation from the organization. If there i	nest compensated indepe s none, enter "None."	endent contractors who ea	sch received more than \$	100,000 of			
	(a) Name and business address of each independent or		(b) Type o	of service	(c) Compe	ensation		
NONE			47.37		(c)			
<u> </u>								
d Total	number of other independent contractors	each receiving over \$	100,000.	030000000000000000000000000000000000000				
	ne organization complete Schedule A? No	ote: All section 501(c)(3	3) organizations must at	tach a			7	
	oleted Schedule A				X Yes		No	
true, correct, a	s of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	r) is based on all information o	f which preparer has any knowle	edge.	ier, it is			
	CLILITI O GOT			Dete				
Sign Here	Signature of officer Date							
пеге	MELISSA WOLF Type or print name and title			BOARD PRESIDENT				
	Print/Type preparer's name	Preparers signature)	ASIDARA		TIN			
Date	CYNTHIA E. DAVIS, CPA CYNTHIA E. DAVIS, CPA 5/17/24 Check if self-employed P00311540							
Paid Preparer		N & POPE, LLP		I	00011040			
Use Only	Firm's address 1000 MUNRAS AVE			Firm's EIN	94-15415	507		
				Phone no. (83	831) 373-1697			
May the IR	S discuss this return with the preparer sh	own above? See instru	uctions.		X Yes		No	
BAA					Form 990 -	- EZ (2	2023)	