**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 Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	PAWS CHICAGO			
	Name change Initial			36-42197	
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1997 N. CLYBOURN AVENUE	Room/suite	E Telephone numbe (773)935	
	termin- ated			G Gross receipts \$	36,299,118.
	Ameno return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: FAOLA FASSLAS		for subordinates	? Yes X No
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> 1</u>	Tax-exe	empt status: $X$ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1998  I	M State of legal domicile: IL
P	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: PAWS	CHICA	GO IS BUILD.	LNG
Activities & Governance		COMPREHENSIVE SOLUTIONS TO END THE KILLIN			
/err	2	Check this box if the organization discontinued its operations or dispos  Number of voting members of the governing body (Part VI, line 1a)		ı	25
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)		24	
<u>م</u>	5	Total number of individuals employed in calendar year 2023 (Part V, line 1a)			258
ě.	6	Total number of volunteers (estimate if necessary)			3176
ċŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)		20,962,234.	27,406,441.
Ž	9	Program service revenue (Part VIII, line 2g)		2,697,869.	2,734,442.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,095,583.	2,640,899.
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,805.	-403,802.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,811,491.	32,377,980.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,644,172.	10,972,888.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ë	1 D	Total fundraising expenses (Part IX, column (D), line 25) 2,172,80		8,840,997.	8,792,298.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,485,169.	19,765,186.
		Revenue less expenses. Subtract line 18 from line 12		7,326,322.	12,612,794.
	<u> 13</u>	Trevenue less expenses. Subtract line to from line 12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		99,760,309.	124,506,436.
Ass	21	Total liabilities (Part X, line 26)		2,009,142.	1,407,347.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		97,751,167.	123,099,089.
P	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Oireature of attions		Dete	
Sig		Signature of officer		Date	
He	re	PAULA FASSEAS, EXECUTIVE CHAIR Type or print name and title			
			Ιr	Date Check	PTIN
Pai	d	Print/Type preparer's name  CHRISTINE V. ERNST  Preparer's signature  CHRISTINE V. ERN		11/11/24 self-employ	
	u parer	Firm's name LEGACY PROFESSIONALS LLP		2-0043599	
	Only	Firm's address 4 WESTBROOK CORPORATE CTR STE 700		FILITI S EIN 3	<u> </u>
530	. Only	WESTCHESTER, IL 60154		Phone no 31	2-368-0500
— Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1 Hone no. 5 ±	X Yes No
		Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form <b>990</b> (2023)

### Form **8868**

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to f	ile any of	the forms						
listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension											
reques	t for Form 8870 must be sent to the IRS in a paper format (	(see instru	ctions). For more details on the elect	ronic filing	g of Form						
8868, 1	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	profits.									
Cautio	n: If you are going to make an electronic funds withdrawal (	(direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE	for payment					
instruc	tions.										
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts						
	se Form 7004 to request an extension of time to file incom-										
	- Identification										
Type or Name of exempt organization, employer, or other filer, see instructions.  Taxpayer identification number of the contraction of the contrac											
Print		•		. ,		,					
PAWS CHICAGO 36-4219											
File by th due date		ee instruct	ions.								
filing you	1997 N. CLYBOURN AVENUE										
return. Se instruction	e	oreign addı	ress, see instructions.								
	CHICAGO, IL 60614		,								
Enter t	he Return Code for the return that this application is for (file	e a separat	te application for each return)			01					
	ation Is For	T .	Application Is For			Return					
дрио		Code	Application to 1 of			Code					
Form C	990 or Form 990-EZ	01	Form 4720 (other than individual)			09					
	1720 (individual)	03	Form 5227			10					
Form 9	•	03	Form 6069			11					
		05	Form 8870			12					
	990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above)	Form 5330 (individual)			13						
	,	06	`								
	990-T (corporation)	07	Form 5330 (other than individual)			14					
Form 1		08	Line best and a second								
	you enter your Return Code, complete either Part II or Par	t III. Part II	i, including signature, is applicable o	nly for an	extension of						
	file Form 5330.										
_	s application is for an extension of time to file Form 5330, y	ou must e	nter the following information.								
	Plan Name										
	Plan Number										
	Plan Year Ending (MM/DD/YYYY)										
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)								
The	books are in the care of MICHAEL NICHOLAS	CITT	G2 G2 TT C0 C1 A								
	1933 N MARCEY ST	- CH1									
	ephone No. (773)475-3323		Fax No.								
• If th	e organization does not have an office or place of business	s in the Uni									
• If th	is is for a Group Return, enter the organization's four-digit (	¬ ·	•			oup, check this					
box	If it is for part of the group, check this box	_	ch a list with the names and TINs of								
<b>1</b>	request an automatic 6-month extension of time until $\ \ \underline{No}$	OVEMBI	$\Xi R$ $15$ , 20 $24$ , to file	e the exen	npt organizatio	n return for					
t	he organization named above. The extension is for the organization	anization's	return for:								
	$\times$ calendar year 20 $\times$ or										
	tax year beginning	, 20 _	, and ending			, 20					
2 I	f the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n						
	Change in accounting period										
3a	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less								
<u> </u>	any nonrefundable credits. See instructions.			3a	\$	0.					
b l	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit.											
-	Balance due. Subtract line 3b from line 3a. Include your pa										
	using EFTPS (Electronic Federal Tax Payment System). See			3c	<b>s</b>	0.					

	990 (2023) PAWS CHICAGO	36-4219778 Page
Pai	rt III Statement of Program Service Accomplishments	_ <del></del>
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  PAWS CHICAGO IS A NATIONAL LEADER IN THE NO KILL ANIMAL  MOVEMENT, HELPING MORE THAN 22,000 HOMELESS AND AT-RISK  THROUGH COMPREHENSIVE SPAY/NEUTER, MEDICAL, AND ADOPTION	PETS EACH YEAR
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.	Yes X No
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, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	
 4а	(Code: ) (Expenses \$ 8,183,748 · including grants of \$ ) (Rev	enue \$ 198,757.
та	ANIMAL HEALTH & BEHAVIOR: ENSURING THAT EVERY SINGLE RE	
	RECEIVES THE MEDICAL AND BEHAVIORAL RESOURCES NEEDED TO	
	SURVIVE, BUT THRIVE IS THE CORE PURPOSE OF THE ANIMAL H	
	PILLAR OF PAWS CHICAGO'S NO KILL MODEL.	
	THE EXPANDED AND RECENTLY RENOVATED 30,000 SQUARE FOOT	PAWS CHICAGO NAN
	& WAYNE KOCOUREK MEDICAL CENTER IS THE MOST STATE-OF-TH	E-ART HOSPITAL
	FOR HOMELESS ANIMALS IN THE NATION, AND IT'S THE FIRST	
	ONE OF PAWS CHICAGO'S 4,561 ADOPTED PETS. WITH SPECIAL (	
	ISOLATION WARDS TO PREVENT DISEASE TRANSMISSION, A TEAM	
	MEDICAL AND BEHAVIOR PROFESSIONALS ENSURES EVERY PET REC	
	INDIVIDUAL CARE THEY NEED, RESULTING IN AN INDUSTRY-LEAD RATE. FROM UPPER RESPIRATORY INFECTIONS TO DEADLY DISEAS	
4b	4 000 000	1 544 651
40	(Code:) (Expenses \$4,000,027. including grants of \$) (Rev PREVENTION & SPAY/NEUTER: PAWS CHICAGO PERFORMED 16,587	
	2023, MAKING IT THE LARGEST LOCAL PROVIDER OF FREE AND	
	HIGH-VOLUME SPAY/NEUTER SURGERIES, AND THE ONLY CLINIC	
	SERVING UNDER-RESOURCED COMMUNITIES WHERE THE MAJORITY	
	AND UNWANTED PETS ORIGINATE.	
	THROUGH THE PAWS CHICAGO LURIE CLINIC IN LITTLE VILLAGE	
	THAN TWO MILES FROM CHICAGO'S ANIMAL CARE & CONTROL, TH	
	IMPOUNDMENT FACILITY, PAWS OFFERS SPAY/NEUTER SERVICES WEEDED MOST AND WHERE THEY MAKE THE MOST IMPACT.	WHERE THEY ARE
	NEEDED MOST AND WHERE THEI MAKE THE MOST IMPACT.	
	PREVENTING UNWANTED PETS FROM BEING BORN IS KEY TO BUILD	DING A NO KILL
40	(Code:) (Expenses \$2, 288, 793. including grants of \$) (Rev	
-10	ADOPTION: RESCUING HOMELESS PETS AND UNITING THEM WITH	THEIR NEW
	FAMILIES DIRECTLY CONNECTS THE PUBLIC WITH HOMELESS PET	
	LEVEL AND PROVIDES A TANGIBLE WAY FOR PEOPLE TO MAKE AN	
	ANIMALS. THROUGH PAWS CHICAGO'S ADOPTION CENTERS AND IN	NOVATIVE
	ADOPTION EVENTS, PAWS UNITED 4,561 ANIMALS WITH LOVING	HOMES IN 2023.
	BY THE END OF 2023, THE CUMULATIVE NUMBER OF ADOPTIONS	SINCE PAWS
	CHICAGO'S FOUNDING IN 1997 WAS 82,234.	
	USING A PROPRIETARY COMPETIBILITY QUIZ, PAWS USES TECHNO	
	PETS WITH PROSPECTIVE ADOPTERS BASED ON THEIR LIFESTYLE	NEEDS, HELPING
	TO ENSURE A LONG-TERM FIT AND MATCH EXPECTATIONS.	

10501108 769095 6529

4d Other program services (Describe on Schedule O.)

2,287,622. including grants of \$
2 expenses 16,760,190.

) (Revenue \$

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# Form 990 (2023) PAWS CHICAGO 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		X
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		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		<del> </del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	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	<u> </u>
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		X
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	Х	
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 constitution maintain on office construction and the Light of Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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	<u> </u>
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

332003 12-21-23

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Form 990 (2023) PAWS CHICAGO
Part IV Checklist of Required Schedules (continued)

	·		Yes	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		X
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	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			000	(2022)

2023.05000 PAWS CHICAGO

Form 990 (2023) PAWS CHICAGO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-4219778 Page **5** 

				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	<b>2a</b> 258								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х					
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 Ad	counts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X					
С	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 organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X						
b			7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 , 3 , 1 , 1									
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•								
•			8							
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a							
a b			9b							
10	Section 501(c)(7) organizations. Enter:		30							
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:	100	1							
а	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		X					
	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	income?	16		X					
	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									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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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.

800							X			
Sec	tion A. Governing Body and Management									
		1.1		3 E [		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		25						
	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.			24						
b	Enter the number of voting members included on line 1a, above, who are independent			24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with a	ny other							
	officer, director, trustee, or key employee?				2	X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	L	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		X			
6	Did the organization have members or stockholders?			L	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or							
	more members of the governing body?			L	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	ders, or							
	persons other than the governing body?			L	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			[	8a	X				
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at	the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (	Code.)							
			ŕ	_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,	affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ŀ	10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes." de	scribe							
	on Schedule O how this was done			.	12c	X				
13	Did the organization have a written whistleblower policy?			[	13	X				
14	Did the organization have a written document retention and destruction policy?			[	14	X				
15	Did the process for determining compensation of the following persons include a review and approv	al by ind	ependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			L	15a	X				
	Other officers or key employees of the organization				15b	Х				
	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 arrange	ment wi	h a							
	taxable entity during the year?			L	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	rticipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'	s							
	exempt status with respect to such arrangements?			•	16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	Γ (section 501(c	)(3)s c	only) a	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain	n on Scl	nedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			and fi	inanc	ial				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records							
	MICHAEL NICHOLAS - (773)475-3323									
	1933 N MARCEY ST, CHICAGO, IL 60614									

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## 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)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSANNA HOMAN CEO/CHIEF COMMUNITY ENGAGEMENT	40.00	-			Х			268,067.	0.	8,109.
(2) MARLOW A BERNARD	40.00					$\vdash$		,		,
CHIEF FINANCIAL OFFICER		1				X		204,000.	0.	0.
(3) KRISTINA ROSINIA	40.00									
CHIEF OPERATING OFFICER		1			Х			189,150.	0.	5,252.
(4) JENNIFER NEVIS	40.00									
VETERINARY SURGEON						Х		170,625.	0.	0.
(5) GABRIEL NIEVES	40.00									
HEAD OF PEOPLE & CULTURE						X		152,398.	0.	4,242.
(6) EMILY YACKER	40.00									
MEDICAL DIRECTOR						X		153,577.	0.	0.
(7) JAMES ENGEL	40.00									
VICE PRESIDENT, COMMUNICATION						X		145,881.	0.	5,084.
(8) ALEXIS FASSEAS	30.00									
TREASURER/EXECUTIVE DIRECTOR		Х	_	X	_	┡		73,263.	0.	308.
(9) PAULA FASSEAS	30.00									
CHAIR	10.00	Х		Х		_		0.	0.	0.
(10) PAM CAREY	10.00			l					•	
PRESIDENT	F 00	Х	_	Х	_	┝		0.	0.	0.
(11) GEORGE KARCAZES	5.00	-		٦,					0	0
SECRETARY (12) TANIGE BEGY	1 00	Х		Х		├		0.	0.	0.
(12) JANICE BECK	1.00	X							0	0
BOARD MEMBER (13) BARBARA BRADFORD	1.00	^	$\vdash$			⊢		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(14) MELISSA CANNING	1.00	^				$\vdash$		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) MICHAEL CANNING	1.00	22				$\vdash$		0.	0.	<u>_                               </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(16) ED CAREY	1.00					$\vdash$			•	-
BOARD MEMBER - NEW		Х						0.	0.	0.
(17) BILLY CORGAN	1.00	† <u>-</u>	$\vdash$			$\vdash$				
BOARD MEMBER - NEW		х						0.	0.	0.
332007 12-21-23							•		-	Form <b>990</b> (2023)

Form 990 (2023) PAWS CH	HICAGO								36-4219	778 Page <b>8</b>
Part VII   Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) BRUCE CROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) LISA DENT	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(20) GLENN FELNER	1.00									_
BOARD MEMBER - PAST		Х						0.	0.	0.
(21) RAJ FERNANDO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) JEFF HALL	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(23) STEPHANIE FIELD HARRIS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(24) JONATHAN HARRIS	1.00								_	_
BOARD MEMBER - NEW		Х						0.	0.	0.
(25) ANTHONY KREMER	1.00									
BOARD MEMBER - NEW		Х						0.	0.	0.
(26) SUZANNE LE MIGNOT	1.00								_	_
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								1,356,961.	0.	22,995.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,356,961.	0.	22,995.
2 Total number of individuals (including be	ut not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										15
										Yes No
3 Did the organization list any former offi	cer, director, trust	ee. k	ev e	lame	ove	e. or	hial	hest compensated emp	lovee on	

line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of	services	(C) Compensation
RCH PARTNERS, LLC, 2 STE 1920, CHICAGO,	RECRUITMENT REFINEMENT (		116,020.

Total number of independent contractors (including but not limited to those listed above) who received more than 

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									36-421	
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)		(D) (E) (F)							
Name and title	Average hours	(cl			ition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TINSLEY MORTIMER	1.00								_	
BOARD MEMBER - PAST		Х						0.	0.	0.
(28) CHLOE MENDEL CORGAN	1.00							_	_	_
BOARD MEMBER - NEW		Х						0.	0.	0.
(29) MURRAY PERETZ	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(30) MAYARI PRITZKER	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(31) PHIL RASKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) LAURA SACHS	1.00									•
BOARD MEMBER - NEW	1 00	Х						0.	0.	0.
(33) NANCY SANTI	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(34) KURT SEIDENSTICKER	1.00								_	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(35) ROBERT SHERMAN	1.00	3,7						_	_	0
BOARD MEMBER - PAST (36) KRISTINE WEXLER	1.00	Х						0.	0.	0.
OSO KRISTINE WEALER  BOARD MEMBER - PAST	1.00	Х						0.	0.	0.
(37) CHARLES DAY	0.30	Λ						0.	0.	0.
ADVISORY BOARD	0.30	Х						0.	0.	0.
(38) MARK DUGGAN	0.30	Δ	$\vdash$			$\vdash$		0.	0.	0.
ADVISORY BOARD	0.50	Х						0.	0.	0.
(39) DR. BARBARA ROYAL	0.30	23						•	•	•
ADVISORY BOARD	0.30	Х						0.	0.	0.
(40) MARIA SMITHBURG	0.30							•	•	•
ADVISORY BOARD		Х						0.	0.	0.
		l	l	l		l				

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Form 990 (2023) PAWS CHICAGO
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
Siδ	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
اع ق			Fundraising events	1c	4,115,057.				
ifts,			Related organizations	1d	, ,				
nila Big			Government grants (contributions)	1e					
Sir			All other contributions, gifts, grants, and						
her			similar amounts not included above	1f	23,291,384.				
ġ ţ		а	Noncash contributions included in lines 1a-1f	1g \$	3,538,141.				
Sor		-	Total. Add lines 1a-1f	-31+		27,406,441.			
<u> </u>					Business Code				
σ.	2	а	SPAY/NEUTER CLINIC		541990	1,544,651.	1,544,651.		
Program Service Revenue	_		ADOPTION FEES		812900	991,034.	991,034.		
Ser		c	TRAINING CENTER		812900	198,757.	198,757.		
an S		d				,	,		
Beg		e							
Pro			All other program service revenue						
			<b>Total.</b> Add lines 2a-2f			2,734,442.			
	3		Investment income (including divide			, ,			
		other similar amounts)				1,862,932.			1862932.
	4		Income from investment of tax-exem						
	5		Royalties	-					
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory <b>7a</b> 3,	972,335.					
		b	Less: cost or other basis						
e			and sales expenses 7b 3,	194,368.					
len		С		777,967.					
her Revenue			Net gain or (loss)	<u></u>		777,967.			777,967.
ē	8	а	Gross income from fundraising events (r	not					
₹			including \$4,115,057.	_ of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a	262,965.				
		b	Less: direct expenses	8b	711,874.				
			Net income or (loss) from fundraising			-448,909.			-448,909.
	9	а	Gross income from gaming activities						
			Part IV, line 19	9a	30,800.				
			Less: direct expenses		0.				
			Net income or (loss) from gaming ac			30,800.			30,800.
	10	а	Gross sales of inventory, less return						
			and allowances	10a	29,203.				
		b	Less: cost of goods sold	10b	14,896.				
$\rightarrow$		С	Net income or (loss) from sales of in	ventory		14,307.			14,307.
ဖြ					Business Code				
Miscellaneous Revenue	11	а							
lan ent		b							
3eV		С							
Mis			All other revenue						
			Total. Add lines 11a-11d			20 255 000	2 724 442	2	2025005
	12		<b>Total revenue.</b> See instructions			32,377,980.	2,734,442.	0.	2237097.

332009 12-21-23

# Form 990 (2023) PAWS CHICAGO Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organized	zations must complete all	columns. All other org	janizations must comple	ete column (A).

	Check if Schedule O contains a respon include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	552,792.	503,624.	17,931.	31,237
	ompensation not included above to disqualified	332,132.	303,024.	17,331.	31,237
	ersons (as defined under section 4958(f)(1)) and				
-					
	ther salaries and wages	9,137,852.	8,325,095.	296,391.	516,366
	ension plan accruals and contributions (include	5,151,052.	0,020,000.	2,0,0,1.	510,500
	ection 401(k) and 403(b) employer contributions)	74,010.	67,427.	2.401.	4.182.
	ther employee benefits	467,859.	426,246.	2,401. 15,175.	4,182, 26,438, 42,392,
	ayroll taxes	740,375.	675,815.	22,168.	42.392
	ees for services (nonemployees):	, . , . , . ,	3.0,020	,	,,
	lanagement				
	egal	28,165.		28,165.	
	ccounting	69,379.		69,379.	
	bbbying	00 / 0 / 0 /		00 / 0 / 0 /	
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees	45,926.		45,926.	
	ther. (If line 11g amount exceeds 10% of line 25,	•		•	
-	olumn (A), amount, list line 11g expenses on Sch 0.)	289,172.	230,268.		58,904
	dvertising and promotion	100,652.	87,162.		13,490
	ffice expenses	1,180,006.	902,748.	62,214.	215,044
	formation technology	684,757.	558,711.	83,309.	42,737
	oyalties	-			
	ccupancy	536,938.	269,982.	4,445.	262,511
	ravel	•			•
<b>18</b> Pa	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings	134,444.	77,638.	22,989.	33,817
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization	943,681.	908,058.	3,098.	32,525
<b>23</b> In	surance	278,880.	235,531.	24,564.	18,785
	ther expenses. Itemize expenses not covered				
	pove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A),				
ar	nount, list line 24e expenses on Schedule 0.)				
aР	ET FOOD AND AUCTION	1,210,534.	807,011.		403,523
ьΜ	EDICAL SUPPLIES	972,681.	972,681.		
c <u>O</u>	UTSIDE SERVICES	880,311.	772,186.	108,125.	
d P	RINTING AND PRODUCTION	514,983.	324,439.		190,544
e A	Il other expenses	921,789.	615,568.	25,907.	280,314
25 To	otal functional expenses. Add lines 1 through 24e	19,765,186.	16,760,190.	832,187.	2,172,809
26 Jo	oint costs. Complete this line only if the organization				
re	ported in column (B) joint costs from a combined				
ec	ducational campaign and fundraising solicitation.				
CH	neck here if following SOP 98-2 (ASC 958-720)				

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PAWS CHICAGO

# Form 990 (2023) Part X Balance Sheet

Fal	IL A	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			9,496,874.	1	3,371,129.
	2	Savings and temporary cash investments		2	3,311,916.		
	3	Pledges and grants receivable, net			765,618.	3	4,600,557.
	4	Accounts receivable, net			493,300.	4	1,290,158.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			129,644.	8	141,740.
As	9				279,282.	9	233,312.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,235,770.			
	b	Less: accumulated depreciation	10b	8,646,937.	19,331,462.	10c	18,588,833.
	11	Investments - publicly traded securities			69,264,129.	11	92,968,791.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			99,760,309.	16	124,506,436.
	17	Accounts payable and accrued expenses	1,691,960.	17	948,925.		
	18	Grants payable				18	
	19	Deferred revenue			317,182.	19	458,422.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of these persons				22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,009,142.	26	1,407,347.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			73,176,402.	27	85,015,841.
Bal	28	Net assets with donor restrictions			24,574,765.	28	38,083,248.
pq		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			97,751,167.	32	123,099,089.
~	33				99,760,309.	33	124,506,436.

Form 990 (2023) PAWS CHICAGO 36-4219778 Page **12** 

Par	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		, 377		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,765		
3	Revenue less expenses. Subtract line 2 from line 1	3		,612		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,	, 751	L,1	67.
5	Net unrealized gains (losses) on investments	5	12,	, 735	5,1	28.
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	123,	099	0,6	89.
Par	t XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
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	ed audit	·····			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		1
					990	(2023)

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

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.

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

**ZUZ**J

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 36-4219778

	PAWS CHICAGO 3							6-4219778	
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	-						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general <sub>l</sub>	oublic described in
		section 170(b)(1)(A)(vi). (C							
8	Н	A community trust describe							
9		An agricultural research org	-			-		-	•
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exen		•					-
		income and unrelated busin		(less section 511 tax) iro	in busines	sses acqui	rea by the org	anization a	inter June 30, 1975.
11		See <b>section 509(a)(2).</b> (Con An organization organized a		ivaly to tost for public sat	foty Soo	soction 50	00(a)(4)		
12	H	An organization organized a	•	•	•			rry out the	nurnoses of one or
12		more publicly supported or	•	•	-			•	
		lines 12a through 12d that	-						SHOOK THE BOX OH
á		Type I. A supporting orga	• •					-	aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			,, -				9
k	, <u> </u>	Type II. A supporting org	-		ion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o	•				-		-
		organization(s). You mus			·		•		
c	; [	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
c	i 🗌	Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
6	,	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
1		er the number of supported of	•						
		vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	'	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	Yes	No			
_									
_									
Tot	al								

332021 12-21-23

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		15990281.	13912387.	16173589.	20962234.	27406441.	94444932.
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						
Ū	furnished by a governmental unit to						
	the organization without charge						
1		15990281.	13912387.	16173589.	20962234.	27406441.	94444932.
	The portion of total contributions	133302011	13312307	101733031	203022311	271001111	711117521
3	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,						
							13298713.
_							81146219.
	Public support. Subtract line 5 from line 4.						01140219.
		(=) 0010	(h) 0000	(=) 0001	(4) 0000	(-) 0000	(s) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019 15990281.	(b) 2020 1 3 0 1 2 3 9 7	(c) 2021	(d) 2022	(e) 2023	(f) Total
		13990201.	13912307.	101/3309.	20902234.	2/400441.	34444332.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1712253.	2152381.	3531858.	1001120	1062022	11060563.
_	and income from similar sources	1/12255.	2132301.	3331030.	1001139.	1002932.	11000303.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	20 020	F	10 055			F 6 720
	assets (Explain in Part VI.)	38,230.	5,554.	12,955.			56,739.
	<b>Total support.</b> Add lines 7 through 10					_	105562234
	Gross receipts from related activities,	•	,				,311,190.
13	First 5 years. If the Form 990 is for the	-					
<u> </u>	organization, check this box and stop						
	ction C. Computation of Publi					T I	76 07
	Public support percentage for 2023 (I					14	76.87 % 79.09 %
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the						77
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b							
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				· ·	VI how the organiz	zation
	meets the facts-and-circumstances te	· ·	•				
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	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						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>(b)</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					-	
k	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						
	Public support. (Subtract line 7c from line 6.)						
			I		1 , , , , , ,	T	T
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)					<del> </del>	
	First 5 years. If the Form 990 is for the	L organization's fi	rst second third	fourth or fifth tax	vear as a section F	I 501(c)(3) organizatio	n On
	check this box and stop here	· ·		•	•	. , . ,	J,
Se	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022	, ,,,	•			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not obook o	hay on line 14 10	a ar 10h ahaak ti	hic hay and acc in	structions	1 7

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Schedule A (Form 990) 2023

PAWS CHICAGO

### 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.
- 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")? |f "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?
- 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).
- 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.
- 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		
20		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		<u> </u>
ile A (Forn	n 990)	2023

Schedu

Га	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	44.		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton B. Type I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	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		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	tion B. All Type in Supporting Organizations		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	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 instactivities Test. Answer lines 2a and 2b below.	struction	s). <b>Yes</b>	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
b	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		
3	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		

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021d Excess from 2022e Excess from 2023

### Schedule B

(Form 990)

# **Schedule of Contributors**

Employer identification number

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.

OMB No. 1545-0047

	PAWS CHICAGO		36-4219778			
Organization type (chec	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	n				
	4947(a)(1) nonexempt charitable trust n	ot treated as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust tr	eated as a private foundation				
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Ru</b> (c)(7), (8), or (10) organization can check boxes for		e. See instructions			
	(5)(1), (5), 51 (15) 51921112411511 5211 511551 25155 151	sour are denotal ridio and a opeolar ridio				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that receive ny one contributor. Complete Parts I and II. See in					
Special Rules						
sections 509(a) contributor, du	ion described in section 501(c)(3) filing Form 990 of 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form the year, total contributions of the greater of (1) EZ, line 1. Complete Parts I and II.	orm 990), Part II, line 13, 16a, or 16b, and	d that received from any one			
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.						
year, contributi is checked, eni purpose. Don't	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV,	that isn't covered by the General Rule and/or the ne 2, of its Form 990; or check the box on line H o ling requirements of Schedule B (Form 990).		• •			

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

PAWS CHICAGO

36-4219778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,204,260.	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		\$ 2,259,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	E. DUMAS	\$ <u>1,044,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MEMORIAL TRUST	\$ 635,527.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 798,878.	Person Payroll Noncash X (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.)

Page 3

Name of organization Employer identification number

PAWS CHICAGO 36-4219778

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II 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
	STOCK		
2			
		\$ 2,000,000.	
(a) No.	<i>m.</i> )	(c)	(.0)
from	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I	PET FOOD SUPPLIES		
5			
		\$\$	
(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
		\$	

Page 4

Name of organization **Employer identification number** PAWS CHICAGO 36-4219778 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

10501108 769095 6529

#### **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

PAWS CHICAGO

**Employer identification number** 36-4219778

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
		(a) Donor advise	ed funds	(b) Fund	ds 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 he	eld in donor advised fo	unds	
	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	lvisors in writing that gr	ant funds can be used	d only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose conf	erring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Ye	s" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hi	istorically i	mportant land area
	Protection of natural habitat		Preservation of a co	ertified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	<b>-</b>				
С	Number of conservation easements on a certified historic structure.				
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006,			
	on a historic structure listed in the National Register	• • • •		2d	
3	Number of conservation easements modified, transferred, rele				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		tion, handling of		
	violations, and enforcement of the conservation easements it l	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 er	forcing conservation	easements	s during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				I
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that descr	ibes the
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	<sup>·</sup> Similar	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 rev	enue statement and b	alance sh	eet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	, or research in furthe	rance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and balar	nce sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtherar	nce of pub	lic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	S
					3
2	If the organization received or held works of art, historical trea			n, provide	
	the following amounts required to be reported under FASB AS			•	
а	Revenue included on Form 990, Part VIII, line 1	~		\$	<b>3</b>
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	PAWS	CHICAGO

Pa	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other :	Similar	r Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	nake sigi	nificant u	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange prograr	n					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the organization	answered "Y	es" on Fo	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other ass	ets not in	ncluded	_	_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo				-	y?	L	Yes	L	_ No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if			1				T		
		(a) Current year	(b) Prior year	(c) Two years	<u> </u>	d) Three y		+ ` '		
1a	Beginning of year balance	60,036,086.	70,313,856.	· · · ·			10,232			519.
b	Contributions	12,849,935.	5,674,382.		_	8,6	39,232	. 3	,733	,713.
С	Net investment earnings, gains, and losses	15,330,101.	-15,952,152.	11,296,	,772.					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							1		
g	End of year balance	88,216,122.	60,036,086.		,856.	50,4	49,464	. 41	,810	232.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	57.6600	_%							
b	Permanent endowment 42.3400	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for the			1	Yes	
	organization by:								res	No
	(i) Unrelated organizations?									X
	If "Yes" on line 3a(ii), are the related organiza							<b>3b</b>		
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
ı u	Complete if the organization answere		Part IV line 11a S	see Form 990	Part X lir	ne 10				
	Description of property	(a) Cost or o		or other		cumulate	<u>, , , , , , , , , , , , , , , , , , , </u>	(d) Boo	le volu	
	Description of property	basis (investr	, ,	(other)	` '	reciation	eu	( <b>a</b> ) 500	k vait	ie
	Land	<del>-                                    </del>	,	4,619.	асрі	. Joiation		3,87	4 6	19
	Land Buildings			1,513.	4 R	29,93	36.	13,74		
	Buildings			3,725.		40,85				69.
q		I		8,723.		84,52				97.
	Equipment Other	I		7,190.		91,6				71.
	I. Add lines 1a through 1e. (Column (d) must e		<u> </u>					18,58		
· Jia	ii raa iii oo ta tiii oogit 16. (Columin (d) Must e	uuai FUIIII 990, PAR A	<u>A, IIIIE TOC, COIUMN</u>	( <u>D))</u>				e D (Forn		

Part VII Investments - Other Securities	on Farm 000 Back IV line	44h Ose Ferra 000 Pest V Fee 40	<u> </u>
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	ı		d of year market value
(A) =1 1 1 1 1 1 1	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(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	d-of-vear market value
(1)	(5) 2551. Talias	(c) meaned or randament deet of end	a er year market talae
(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)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (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)			
<u>(6)</u>			
(7)			
(8)			
	/ /P\\		
<ul> <li>Total. (Column (b) must equal Form 990, Part X, line 25, co</li> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ul>	. ,,		hat renorts the
organization's liability for uncertain tax positions under		_	

332053 09-28-23

Schedule D (Form 990) 2023

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Wit	th Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	45,082,078.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	12,735,128.		
b		ed services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	12,735,128.
3	Subtra	act line 2e from line 1			3	32,346,950.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	-14,896.		
		nes <b>4a</b> and <b>4b</b>			4c	31,030.
5	Total r	revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	32,377,980.
Pai	t XII	Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Expenses per F	Retur	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	19,734,156.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a			
		/ear adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d	14,896.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	14,896.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	19,719,260.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	45,926.		
		(Describe in Part XIII.)	4b			
		nes <b>4a</b> and <b>4b</b>			4c	45,926.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5	19,765,186.
Pai	t XIII	Supplemental Information				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	, lines	1b and 2b; Part V, line 4	; Part )	X, line 2; Part XI,
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition				, , ,
PAF	X TS	, LINE 2:				
ACC	COUN	TING PRINCIPLES GENERALLY ACCEPTED IN TH	E U	NITED STATES	OF	AMERICA
REÇ	QUIR:	E THE ORGANIZATION TO EVALUATE TAX POSIT	'ION	S TAKEN BY T	ΉE	
	-					
ORC	ANI	ZATION AND RECOGNIZE A TAX LIABILITY IF	THE	ORGANIZATIO	N H	AS TAKEN
AN	UNC	ERTAIN POSITION THAT MORE LIKELY THAN NO	T W	OULD NOT BE	SUS	TAINED
JPC	N E	XAMINATION BY TAX AUTHORITIES. THE PLAN	IS	SUBJECT TO	ROU'	TINE
AUI	DITS	BY TAXING JURISDICTIONS; HOWEVER, THERE	AR	E CURRENTLY	NO 2	AUDITS FOR
ZNA	TA	X PERIODS IN PROGRESS.				
PAF	X T	I, LINE 4B - OTHER ADJUSTMENTS:				
COS	ST_O	F GOODS SOLD				-14,896.

Schedule D (Form 990) 2023

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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

2023

Open to Public Inspection

Name of the organization					Employer identification number				
PAWS CHICAGO  Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17						36-4219778			
Fundraising Activities. required to complete this par	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not		
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	toos	or.			
	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration		

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.

		or rainaraioning or only continuous and area gre		,		o ground intant population
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			 FUR BALL	TEAM PAWS	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(GVGIII 1)PS)	(GVG/III LYPO)	(total Hambol)	
Revenue	1	Gross receipts	1,842,598.	1,278,176.	1,257,248.	4,378,022.
æ			, ,		, ,	, ,
	2	Less: Contributions	1,695,998.	1,223,963.	1,195,096.	4,115,057.
	3	Gross income (line 1 minus line 2)	146,600.	54,213.	62,152.	262,965.
	١.	Ocal as ince			0.	
	4	Cash prizes			0.	
	5	Noncash prizes		3,714.	17,553.	21,267.
es				7,:==:		
ens	6	Rent/facility costs	37,412.	21,609.	178,088.	237,109.
Direct Expenses						
ect	7	Food and beverages	135,004.	920.	95,961.	231,885.
ä	ı		10 055	615	20 025	22 205
	8	Entertainment Other direct expanses	10,955.	615. 163,585.	20,825. 15,445.	32,395. 189,218.
	10	Other direct expenses  Direct expense summary. Add lines 4 through		103,303.		711,874.
		Net income summary. Subtract line 10 from lin				-448,909.
Pa	irt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	<b>(b)</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) through coi. (c)
Re	1	Gross revenue			30,800.	30,800.
	Ė	Greece Tevernae				
S	2	Cash prizes				
suse						
ž	3	Noncash prizes				
Direct Expenses	,	Rent/facility costs				
Ë	•	Tiern/lacinty costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	X No	
	_	5				
	7	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)			30,800.
		· · · · · · · · · · · · · · · · · · ·				•
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: <u>I</u>	L		
a Is the organization licensed to conduct gaming activities in each of these states?						
b	If "	No," explain:				
	_					
10a		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	/ear?	Yes X No
		Yes," explain:		acca daring the tax y		
	_					

Schedule G (Form 990) 2023

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Schedule G (Form 990) 2023 PAWS CHICAGO	36-4219776 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	140 1 07
a The organization's facility	1 400 00
<b>b</b> An outside facility	•
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:
Name MICHAEL NICHOLAS	
Address 1933 N MARCEY ST - CHICAGO, IL 60614	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	Yes X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and	the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 166, onto hame and address of the anna party.	
Nama	
Name	
Address	
<b>16</b> Gaming manager information:	
Name	
Gaming manager compensation \$	
, and a second s	
Description of comices provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
-	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990) PAWS CHICAGO	36-4219778 Page 4
Schedule G (Form 990) PAWS CHICAGO  Part IV   Supplemental Information (continued)	
(Section 2007)	

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

PAWS CHICAGO

**Questions Regarding Compensation** 

Employer identification number 36-4219778

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		_X_
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2023

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
( <b>A</b> ) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUSANNA HOMAN	Ξ	254,172.	10,000.	3,895.	8,109.	0	276,176.	0
CEO/CHIEF COMMUNITY ENGAGEMENT	(ii)	• 0	0	0	• 0	0	0.	0
(2) MARLOW A BERNARD	Ξ	185,368.	18,500.	132.	• 0	0.	204,000.	0
CHIEF FINANCIAL OFFICER	(ii)	• 0	0	0	• 0	0	0.	0
(3) KRISTINA ROSINIA	Ξ	189,004.	0	146.	5,252.	0	194,402.	0
CHIEF OPERATING OFFICER	(ii)	0.	0.	0	• 0	0.	0.	0
(4) JENNIFER NEVIS	Ξ	165,300.	0	5,325.	• 0	0	170,625.	0
VETERINARY SURGEON	(ii)	• 0	0	0	• 0	0	0.	0
(5) GABRIEL NIEVES	Ξ	141,723.	10,000.	675.	4,242.	0	156,640.	0
HEAD OF PEOPLE & CULTURE	€	• 0	0	0	• 0	0	0	0
(6) EMILY YACKER	Ξ	153,456.	0	121.	• 0	0	153,577.	0
MEDICAL DIRECTOR	≘	• 0	0	• 0	• 0	0	0	0
(7) JAMES ENGEL	Ξ	135,559.	5,000.	5,322.	5,084.	0	150,965.	0
VICE PRESIDENT, COMMUNICATION	€	• 0	0.	0	• 0	0	0	0
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							Schedu	Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection **Employer identification number** 

36-4219778 PAWS CHICAGO Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 36,220. FAIR MARKET VALUE Cars and other vehicles 42 6 X Boats and planes 7 Intellectual property 8 X 20 2,291,387. FAIR MARKET VALUE Securities - Publicly traded ..... Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 368,498 807,011. FAIR MARKET VALUE Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 403,523. FAIR MARKET VALUE 566 (SPECIAL EVENT X 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

### SCHEDULE O (Form 990)

Department of the Treasury

# 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

Internal Revenue Service

Name of the organization

PAWS CHICAGO

Employer identification number 36-4219778

FORM 990, PART III, LINE 1 (CONTINUED) AN INDUSTRY-LEADING ADOPTION CENTER, A STATE-OF-THE-ART MEDICAL CENTER, AND A HIGH-VOLUME SPAY/NEUTER CLINIC WORK SYNCHRONOUSLY TO ADDRESS THE NEEDS OF HOMELESS AND AT-RISK PETS CITYWIDE. LIFESAVING RESCUE AND ADOPTION PROGRAMS SAVE MORE THAN 4,500 HOMELESS PETS ANNUALLY, WITH NEARLY 18,000 ADDITIONAL ANIMALS FROM UNDER-RESOURCED COMMUNITIES RECEIVING FREE AND LOW-COST SPAY/NEUTER SURGERIES, VACCINATIONS MEDICAL CARE, AND OTHER SUPPORT INCLUDING A PET FOOD PANTRY. PAWS CHICAGO'S PROGRAMS IMPLEMENT SOLUTIONS TO BUILD NO KILL END PET OVERPOPULATION, AND TRANSFORM ANIMAL WELFARE BY SETTING STANDARDS THAT ARE USED AS A MODEL BY OTHER ORGANIZATIONS. SINCE PAWS CHICAGO'S FOUNDING IN 1997, THE NUMBER OF PETS KILLED EACH YEAR IN CHICAGO HAS BEEN REDUCED BY 90.2%. DESPITE THIS INCREDIBLE PROGRESS OVER TIME, IN JUNE OF 2023, PAWS NOTICED A SURGE IN INTAKE TO CHICAGO ANIMAL CARE & CONTROL BASED ON POST-PANDEMIC EFFECTS: INFLATION MAKING PET FOOD AND VETERINARY CARE UNAFFORDABLE FOR MANY PEOPLE; A DRAMATIC RISE IN BACKYARD BREEDING; AND LESS AVAILABILITY OF VETERINARY CARE FOR PEOPLE AND SHELTERS. PAWS BEGAN DEVELOPING PROGRAMMING TO HELP WITH THIS CRISIS. IN 2023, CACC SAW AN ADDITIONAL 1,203 PETS COME THROUGH ITS DOORS OVER 2022 INTAKE THIS, COMBINED WITH TRANSFERS TO NON-PAWS CHICAGO RESCUES DROPPING BY 555 PETS COMPARED TO PRIOR YEAR, MEANT AN OVERCROWDING

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

Schedule O (Form 990) 2023

CRISIS AND A RISE IN EUTHANASIA AT THE CITY IMPOUNDMENT FACILITY.

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

IN 2023, PAWS TRANSFERRED IN 698 ADDITIONAL PETS OVER 2022 TRANSFERS.

WHILE EUTHANASIA AT CHICAGO ANIMAL CARE & CONTROL INCREASED BY 22.78

(AN ADDITIONAL 551 PETS EUTHANIZED), THAT NUMBER WOULD HAVE BEEN UP

50.6% WITHOUT PAWS IMMEDIATE ACTION.

OVERALL PAWS CHICAGO 2023 RESULTS INCLUDE 16,587 FREE AND LOW-COST

SPAY/NEUTER SURGERIES; 4,561 ADOPTIONS OF HOMELESS ANIMALS INTO NEW,

LOVING FAMILIES; A 98.62% SAVE RATE EVEN WHILE RESCUING AN EXTREMELY

VULNERABLE POPULATION OF AT RISK HOMELESS PETS; 54,989 POUNDS OF FOOD

DISTRIBUTED THROUGH THE PET FOOD PANTRY; 1,921 HOMELESS ANIMALS PLACED

IN FOSTER CARE; 106,221 HOURS WORKED BY VOLUNTEERS (THE EQUIVALENT OF

51 FULL-TIME EMPLOYEES); AND EARNING CHARITY NAVIGATOR'S HIGHEST 4-STAR

RATING CONSECUTIVELY SINCE 2003.

BEYOND CHICAGO, PAWS CHICAGO IS ALSO ABLE TO SAVE AT-RISK ANIMALS FROM

8 ADDITIONAL HIGH-KILL STATES, AND SUPPORT ANIMALS IMPACTED BY NATURAL

DISASTERS SUCH AS TORNADOES THAT IMPACTED ANIMAL SHELTERS IN TENNESSEE

IN APRIL 2023. ANOTHER MAJOR RESCUE WAS A DONATED FLIGHT OF 79 DOGS AND

CATS FROM DOMINICA, AN ISLAND NATION IN THE CARIBBEAN, WHEN THE

ISLAND'S ONLY SHELTER WAS FORCED TO CLOSE AND THE PETS WERE GOING TO BE

EUTHANIZED OR PUT BACK ON THE STREET WHERE THEY PREVIOUSLY FACED

UNIMAGINABLE CRUELTY.

ALL OF PAWS CHICAGO'S PROGRAMS WORK TOWARD BUILDING NO KILL COMMUNITIES

THROUGH THE ORGANIZATION'S COMPREHENSIVE NO KILL MODEL. THE FOUNDATION

OF THE NO KILL MODEL IS COMMUNITY ENGAGEMENT INSPIRING PEOPLE'S

INVOLVEMENT IN THE CAUSE OF HOMELESS PETS. ATOP THIS FOUNDATION ARE

PAWS CHICAGO'S MISSION-CRITICAL PROGRAMS THE PILLARS OF PREVENTION

Name of the organization Employer identification number PAWS CHICAGO 36-4219778

(SPAY/NEUTER), ANIMAL HEALTH & BEHAVIOR, ADOPTION, AND VOLUNTEERS.

DETAILED PROGRAM INFORMATION FOLLOWS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARVOVIRUS AND FELINE PANLEUKOPENIA, FROM INJURIES TO SKIN INFECTIONS,

THE PAWS CHICAGO MEDICAL TEAM SEES AND HEALS IT ALL. VETERINARY

SURGEONS NOT ONLY SPAY AND NEUTER EVERY PET, BUT ALSO PERFORMED 716

ADVANCED SURGERIES ADDRESSING ORTHOPEDIC CONDITIONS SUCH AS TORN

LIGAMENTS, EYE INJURIES, HERNIA REPAIRS, MASS REMOVALS, EXTENSIVE

DENTAL DISEASE REQUIRING EXTRACTIONS, AND MANY OTHER MEDICAL NEEDS. THE

ONLY SURGERIES THE PAWS CHICAGO INTERNAL VETERINARY TEAM OUTSOURCES ARE

CARDIOTHORACIC SURGERIES.

THE MEDICAL CENTER AND ITS WORLD-CLASS VETERINARY TEAM TREAT THE MOST

SERIOUS CASES ON SITE. A ROBUST FOSTER NETWORK CARES FOR PETS WHEN THEY

ARE STABLE AND READY TO RECOVER IN A HOME ENVIRONMENT WITH 1,921 CATS

AND DOGS SPENDING TIME IN FOSTER CARE IN 2023.

AS PART OF THE FOSTER PROGRAM, HELP ME HEAL (HMH) IS A FOSTER-TO-ADOPT

PROGRAM THAT ENABLES ANIMALS WITH LONG-TERM MEDICAL RECOVERIES TO GO

INTO FOSTER CARE WITH THEIR ADOPTIVE FAMILIES INSTEAD OF STAYING IN THE

SHELTER FOR MONTHS. FOR EXAMPLE, A DOG UNDERGOING THREE-MONTH TREATMENT

FOR HEARTWORM WILL BE CARED FOR IN ITS FUTURE ADOPTIVE HOME WHILE IT IS

RECEIVING MEDICAL TREATMENT ADMINISTERED BY PAWS IN AN OUTPATIENT

CAPACITY. IN 2023, THERE WERE 199 PETS CARED FOR IN HMH HOMES BEFORE

ADOPTION.

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

RECOGNIZING THAT BEHAVIORAL HEALTH, SOCIALIZATION AND ENRICHMENT ARE

JUST AS IMPORTANT TO A QUALITY LIFE AS PHYSICAL HEALTH, PAWS CHICAGO

ALSO HAS FOUR FULL-TIME AND FOUR PART-TIME TRAINERS WHO LEAD AN

INNOVATIVE DOG AND CAT TRAINING AND ENRICHMENT PROGRAM FOR PAWS

CHICAGO'S HOMELESS ANIMALS. THIS TEAM OF BEHAVIOR PROFESSIONALS AND

TRAINED VOLUNTEERS PROVIDE NEGLECTED, UNDER-SOCIALIZED, AND PREVIOUSLY

ABUSED HOMELESS DOGS AND CATS WITH ONE-ON-ONE AND GROUP TRAINING AS

WELL AS BEHAVIOR ENRICHMENT AND BEHAVIOR MODIFICATION TO HELP THEM

BUILD CONFIDENCE AND COMMUNICATION, WHICH LEADS TO SUCCESSFUL LONG-TERM

ADOPTIONS. ADDITIONALLY, THE TRAINING AND ENRICHMENT PROGRAM PROVIDES

CRITICAL PLAY GROUPS AND FIELD TRIPS FOR DOGS. THIS TEAM ALSO PROVIDES

ADOPTERS WITH SUPPORT IN TRANSITIONING ANIMALS INTO A PERMANENT HOME

ENVIRONMENT WITH COUNSELING AND POST-ADOPTION CONSULTATION.

PAWS CHICAGO'S TRAINING CENTER ALSO HAS A TEAM THAT PROVIDES VIRTUAL

AND IN-PERSON COURSES TO PAWS ADOPTERS AND MEMBERS OF THE PUBLIC. FOR

THE PUBLIC, PAWS TRAINERS ALSO LED 141 IN-PERSON CLASSES WITH 1,062

DOGS IN 2023. THEY ALSO CONDUCTED 24 GROUP ZOOM TRAINING CLASSES WITH

139 DOGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHICAGO BECAUSE PETS BREED EXPONENTIALLY. A SINGLE FEMALE CAT AND HER

OFFSPRING CAN THEORETICALLY PRODUCE 420,000 KITTENS IN SEVEN YEARS. FOR

DOGS, THE NUMBER IS 96,000. SPAY/NEUTER SURGERIES ARE THE SOLUTION TO

PET OVERPOPULATION, AND AS SUCH, ARE AT THE CORE OF PAWS PREVENTION

INITIATIVES.

AT THE END OF 2023 PAWS CHICAGO HAS PERFORMED 315,347 FREE AND LOW-COST

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

SPAY/NEUTER SURGERIES SINCE THE LURIE CLINIC'S OPENING IN 2000, WHICH
HAS BEEN A DRIVING FORCE IN CHICAGO'S REDUCTION IN EUTHANASIA DURING
THAT TIME.

AN ANCILLARY SERVICE TO THE LURIE CLINIC, PAWS CHICAGO HAS OPERATED

AN EXTENSIVE COMMUNITY OUTREACH PROGRAM IN 2014 TO EXPAND ACCESS TO

SPAY/NEUTER AND PET RESOURCES IN CHICAGO'S MOST UNDER-RESOURCED

COMMUNITIES. OF THE PETS COMMUNITY OUTREACH MEETS, 95% ARE NOT YET

SPAYED OR NEUTERED, BUT ONCE PAWS FOR LIFE WORKS WITH PEOPLE, 83% END

UP STERILIZING THEIR PET AT PAWS.

SINCE LAUNCHING IN 2014, THE PRIMARY NEIGHBORHOOD OF FOCUS HAS BEEN
ENGLEWOOD, WHERE MORE THAN 49% OF THE POPULATION LIVES BELOW THE

POVERTY LINE, BUT SERVICES HAVE IN RECENT YEARS EXPANDED TO NEARBY WEST
ENGLEWOOD, BACK OF THE YARDS, AND WOODLAWN AS WELL. PAWS PERFORMED

1,405 FREE SPAY/NEUTER SURGERIES THROUGH THIS COMMUNITY OUTREACH
PROGRAM IN 2023.

THIS OUTREACH PROGRAM ALSO OPERATES A COMMUNITY MEDICINE PROGRAM THAT

PROVIDES 1,614 APPOINTMENTS FOR WELLNESS, PREVENTATIVE AND ACUTE

VETERINARY CARE TO PETS WHO WOULD OTHERWISE NEVER SEE A VETERINARIAN.

ADDITIONALLY, 54,989 POUNDS OF FOOD WERE DISTRIBUTED THROUGH THE PAWS

CHICAGO PET FOOD PANTRY PROGRAM, WHICH OFFERS FREE PET FOOD AND

SUPPLIES TO COMMUNITIES IN NEED.

PAWS CHICAGO'S FERAL CAT TRAP-NEUTER-RETURN (TNR) PROGRAM IS ANOTHER
CRITICAL ASPECT OF THE PREVENTION PILLAR. BY PROACTIVELY STERILIZING

Name of the organization

PAWS CHICAGO

Employer identification number 36-4219778

AND MANAGING THE FREE-ROAMING CAT POPULATION, THE SOURCE OF THOUSANDS

OF UNWANTED KITTENS BORN EACH YEAR, TNR REDUCES THE NUMBER OF ANIMALS

ENTERING THE SHELTER SYSTEM WHILE ALSO SAVING KITTENS AND FINDING THEM

ADOPTIVE HOMES. IN 2023 PAWS PERFORMED 2,428 SPAY/NEUTER SURGERIES ON

FERAL CATS. PAWS ALSO HOSTS AN ANNUAL WORKSHOP TO BUILD OUTDOOR CAT

WINTER SHELTERS, WHICH ARE DISTRIBUTED IN THE COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PAWS TRAINERS AND VOLUNTEERS OFFER ON-SITE SUPPORT AND ADVICE, PROVIDE

DETAILED PET BACKGROUND AND ASSESSMENT INFORMATION, CONDUCTING RESIDENT

PET INTRODUCTIONS AND ENSURING A SMOOTH TRANSITION INTO THE HOME.

VOLUNTEERS OFFER DETAILED ADOPTION COUNSELING AND FOLLOW-UP TO ENSURE

POST-ADOPTION SUCCESS. SHOWCASING ADOPTABLE PETS IN HIGHLY TRAFFICKED

PLACES OUTSIDE OF THE PAWS ADOPTION CENTER EXPANDS THE REACH OF THE

MISSION AND INSPIRES ACTION FOR ANIMALS. IN 2023, PAWS HOSTED 24

OFFSITE ADOPTION EVENTS, INCLUDING HIGH-PROFILE ANGELS WITH TAILS

ADOPTION EVENTS AROUND THE CHICAGOLAND AREA WHERE LOCAL RETAILERS,

PROFESSIONAL SPORTS TEAMS AND GROCERS WELCOMED HOMELESS PETS IN THEIR

LOCATIONS FOR ONSITE ADOPTIONS.

COMMUNITY ENGAGEMENT: COMMUNITY ENGAGEMENT IS THE FOUNDATION FOR

CREATING LASTING CHANGE FOR ANIMALS AND IS THE BASIS UPON WHICH ALL OF

PAWS CHICAGO'S PROGRAMS ARE BUILT. PEOPLE CAUSE THE PET OVERPOPULATION

PROBLEM AND PEOPLE HAVE THE POWER TO SOLVE IT; ANIMALS ARE THE

VOICELESS VICTIMS. THE WAY TO INSPIRE AND CREATE REAL CHANGE FOR

ANIMALS IS TO MOBILIZE PEOPLE TO BE THEIR CARETAKERS AND ADVOCATES AND

PROVIDE NEEDED SUPPORT IN UNDER-RESOURCED COMMUNITIES.

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

WHEN PAWS CHICAGO WAS FOUNDED IN 1997, THE MASS KILLING OF HOMELESS

PETS WAS A HIDDEN CRISIS. THE PUBLIC HAD NO IDEA THAT MORE THAN 42,000

HOMELESS CATS AND DOGS WOULD BE EUTHANIZED IN THE CITY OF CHICAGO THAT

YEAR. PAWS CHICAGO WAS FOUNDED TO BRING ATTENTION TO THE PLIGHT OF

THESE VULNERABLE ANIMALS AND TO MOBILIZE PUBLIC SUPPORT TO DEVELOP

HUMANE SOLUTIONS AND BUILD NO KILL COMMUNITIES. SHINING A LIGHT ON PET

OVERPOPULATION AND HOMELESSNESS AND THE RESULTANT KILLING HAS MOBILIZED

TENS OF THOUSANDS OF PEOPLE TO GET INVOLVED IN THE CAUSE BY ADOPTING,

FOSTERING, VOLUNTEERING, ADVOCATING FOR AND DONATING TO HOMELESS PETS.

WITH ITS NO KILL MODEL IN ACTION, PAWS CHICAGO IS LEADING A MOVEMENT

THAT RIPPLES THROUGHOUT THE COUNTRY. EVERY YEAR, PAWS CHICAGO WELCOMES

SHELTERS, RESCUE GROUPS AND INDIVIDUALS NATIONWIDE TO SHADOW ITS

OPERATIONS. PAWS CHICAGO ALSO HELPS START-UP ADOPTION/RESCUE GROUPS AND

SPAY/NEUTER CLINICS AROUND THE WORLD. IN CHICAGO, PAWS HELPS

CHICAGO-AREA RESCUE GROUPS AND SHELTERS BY PROVIDING LOW-COST MEDICAL

SERVICES AT THE LURIE SPAY/NEUTER CLINIC AND BY INCREASING EXPOSURE OF

THEIR HOMELESS ANIMALS THROUGH ANGELS WITH TAILS ADOPTION EVENTS.

BY RAISING AWARENESS ABOUT PET HOMELESSNESS AND ENGAGING PEOPLE IN

LIFESAVING EFFORTS, PAWS CHICAGO MAKES LASTING CHANGE FOR ANIMALS. THIS

INCLUDES PAWS CHICAGO MAGAZINE, WITH A DISTRIBUTION OF 225,000; THE

PAWS CHICAGO WEBSITE, WITH MORE THAN 1.3 MILLION UNIQUE USERS AND 12.8

MILLION PAGEVIEWS IN 2023; AND THE PAWS CHICAGO E-NEWSLETTER, WITH A

MONTHLY DISTRIBUTION AVERAGING 160,000 AND AN OPEN-RATE OF MORE THAN

50%. THESE VEHICLES INSPIRE PEOPLE TO TAKE ACTION FOR ANIMALS AND

BECOME ADVOCATES FOR HOMELESS PETS.

Schedule O (Form 990) 2023

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

#### **VOLUNTEERS:**

VOLUNTEERS ARE THE LIFE FORCE BEHIND PAWS CHICAGO'S OPERATIONS AND AN

ESSENTIAL INGREDIENT TO BUILDING A NO KILL CHICAGO. IN 2023, 3,176

VOLUNTEERS DEDICATED 106,221 HOURS OF SERVICE, THE EQUIVALENT OF 51

FULL-TIME EMPLOYEES. AND THIS DOESN'T INCLUDE FOSTER FAMILIES WHO TOOK

IN AND CARED FOR 1,921 ANIMALS IN NEED IN 2023. IN ADDITION TO THE TIME

VOLUNTEERS COMMIT TO PAWS CHICAGO, THEY ARE ALSO AMBASSADORS, REACHING

NEW PEOPLE AND ENGAGING NEW COMMUNITIES IN THE CAUSE OF HOMELESS

ANIMALS THROUGH THEIR EVERYDAY INTERACTIONS.

ANIMAL WELFARE IS INCREDIBLY LABOR-INTENSIVE WORK, AND VOLUNTEERS WORK

ALONGSIDE OUR STAFF TO AMPLIFY OUR LIFESAVING. FROM SHEPHERDING THE

ADOPTION PROCESS TO ATTENDING TO THE NEEDS OF SICK PETS AT OUR MEDICAL

CENTER TO MANNING OUR OFF-SITE ADOPTION AND COMMUNITY EVENTS, OUR

VOLUNTEERS SUPPORT THE WORK OF EVERY DEPARTMENT.

ONLY THROUGH VOLUNTEERS IS PAWS CHICAGO ABLE TO EXECUTE ALL ELEMENTS OF
THE COMPREHENSIVE NO KILL MODEL AND ADVANCE ON THE MISSION OF BUILDING
NO KILL COMMUNITIES.

EXPENSES \$ 2,287,622. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

1. PAULA FASSEAS IS THE MOTHER OF ALEXIS FASSEAS. ALEXIS FASSEAS SERVES ON
THE BOARD AND AS THE EXECUTIVE DIRECTOR. 2. MICHAEL AND MELISSA CANNING
ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS, BOTH SERVE ON THE
BOARD. 3. BARBARA BRADFORD AND ROBERT SHERMAN ARE MARRIED, THEY ARE MAJOR
FUNDRAISERS AND CONTRIBUTORS, BOTH SERVE ON THE BOARD

Schedule O (Form 990) 2023

Name of the organization PAWS CHICAGO Employer identification number 36-4219778

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE THE FORM 990 IS FILED, IT IS REVIEWED IN DETAIL BY THE TREASURER AND
THE CHAIRMAN OF THE BOARD. AFTER THAT REVIEW AND BEFORE IT IS FILED, A

COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND SENIOR STAFF WILL ANNUALLY DISCLOSE AND PROMPTLY UPDATE

ANY DISCLOSURES PREVIOUSLY MADE REGARDING THEIR INTERESTS THAT COULD GIVE

RISE TO A CONFLICT OF INTEREST. THIS INCLUDES FAMILY RELATIONSHIPS,

SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, OR OTHER TRANSATIONS OR

AFFILIATIONS THAT MAY PRESENT A CONFLICT OF INTEREST. THE CHAIRMAN OF THE

BOARD WILL DETERMINE WHETHER (A) NO ACTION NEED BE TAKEN, OR (B) THE

SITUATION BE DISCLOSED TO THE BOARD FOR FURTHER DISCUSSION AND RESOLUTION.

IN SOME CASES THE PERSON WITH THE CONFLICT MAY BE EXCLUDED FROM SENSITIVE

DISCUSSIONS SO AS NOT TO UNDULY INFLUENCE THE DISCUSSION OF THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHAIRMAN OF THE BOARD AND THE PRESIDENT PERFORM AN ANNUAL COMPARISON OF
THE ORGANIZATION'S TOP MANAGEMENT COMPENSATION TO THAT OF SIMILAR
ORGANIZATIONS AND BY EVALUATING INDUSTRY STANDARDS. DURING THIS EVALUATION
THE ROLES, EXPERIENCES, AND LEVEL OR EDUCATION ARE TAKEN INTO
CONSIDERATION. THE PROCESS IS DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORMS 1023, 990, 990-T (IF APPLICABLE) AND ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS