

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

PAWS CHICAGO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1997 N. CLYBOURN AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60614

F Name and address of principal officer: PAULA FASSEAS

SAME AS C ABOVE

D Employer identification number

36-4219778

E Telephone number

(773) 935-7297

G Gross receipts \$ 28,201,002.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.PAWSCHICAGO.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1998 **M** State of legal domicile: IL**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PAWS CHICAGO IS BUILDING COMPREHENSIVE SOLUTIONS TO END THE KILLING OF HOMELESS PETS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	283
	6	Total number of volunteers (estimate if necessary)	6	2502
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	18,957,393.	20,962,234.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,272,989.	2,697,869.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,734,311.	2,095,583.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-381,003.	55,805.
	12		25,583,690.	25,811,491.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,588,914.	9,644,172.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	2,238,165.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,821,113.	8,840,997.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,410,027.	18,485,169.
19	Revenue less expenses. Subtract line 18 from line 12	12,173,663.	7,326,322.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	110,792,054.	99,760,309.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,372,667.	2,009,142.
22		108,419,387.	97,751,167.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PAULA FASSEAS, CHAIRMAN				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTINE V. ERNST	CHRISTINE V. ERNST	11/14/23		P01725863
Firm's name	LEGACY PROFESSIONALS LLP		Firm's EIN		32-0043599
	Firm's address		Phone no.		312-368-0500
		WESTCHESTER, IL 60154			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

PAWS CHICAGO IS A NATIONAL LEADER IN THE NO KILL ANIMAL WELFARE MOVEMENT, AND THE MIDWEST'S LARGEST COMPREHENSIVE NO KILL ANIMAL WELFARE ORGANIZATION, SERVING MORE THAN 25,000 ANIMALS 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,982,261. including grants of \$) (Revenue \$ 200,510.)

ANIMAL HEALTH & BEHAVIOR: ENSURING THAT EVERY SINGLE RESCUED PET RECEIVES THE MEDICAL AND BEHAVIORAL RESOURCES NEEDED TO NOT-JUST-SURVIVE-BUT-THRIVE IS THE CORE PURPOSE OF THE ANIMAL HEALTH & BEHAVIOR PILLAR OF PAWS CHICAGO'S NO KILL MODEL. THE EXPANDED AND NEWLY RENOVATED 30,000 SQUARE FOOT PAWS CHICAGO MEDICAL CENTER IS THE MOST STATE-OF-THE-ART HOSPITAL FOR HOMELESS ANIMALS IN THE NATION, AND IT'S THE FIRST STOP FOR EVERY ONE OF PAWS CHICAGO'S 4,629 ADOPTED PETS IN 2022. WITH SPECIAL QUARANTINE AND ISOLATION WARDS TO PREVENT DISEASE TRANSMISSION, A TEAM OF EXPERT MEDICAL AND BEHAVIOR PROFESSIONALS ENSURES EVERY PET RECEIVES THE INDIVIDUAL CARE THEY NEED, RESULTING IN AN INDUSTRY-LEADING 98.04% SAVE RATE.

4b (Code:) (Expenses \$ 4,056,255. including grants of \$) (Revenue \$ 1,508,200.)

PREVENTION & SPAY/NEUTER: PAWS CHICAGO PERFORMED 15,424 SPAY/NEUTERS IN 2022, MAKING IT THE LARGEST LOCAL PROVIDER OF FREE AND LOW-COST, HIGH-VOLUME SPAY/NEUTER SURGERIES, AND THE ONLY CLINIC LOCATED IN AND SERVING UNDER-RESOURCED COMMUNITIES WHERE THE MAJORITY OF STRAY, FERAL AND UNWANTED PETS ORIGINATE. THROUGH THE PAWS CHICAGO LURIE CLINIC IN LITTLE VILLAGE, LOCATED LESS THAN TWO MILES FROM CHICAGO'S ANIMAL CARE & CONTROL, PAWS OFFERS SPAY/NEUTER SERVICES WHERE THEY ARE NEEDED MOST AND WHERE THEY MAKE THE MOST IMPACT. PREVENTING UNWANTED PETS FROM BEING BORN IS KEY TO BUILDING A NO KILL 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

4c (Code:) (Expenses \$ 2,230,779. including grants of \$) (Revenue \$ 989,159.)

ADOPTION: RESCUING HOMELESS PETS AND UNITING THEM WITH THEIR NEW FAMILIES DIRECTLY CONNECTS THE PUBLIC WITH THE CHALLENGES OF HOMELESS PETS ON THE DEEPEST LEVEL AND PROVIDES A TANGIBLE WAY FOR PEOPLE TO MAKE AN IMPACT FOR ANIMALS. THROUGH PAWS CHICAGO'S ADOPTION CENTERS AND INNOVATIVE ADOPTION EVENTS, PAWS UNITED 4,629 ANIMALS WITH LOVING HOMES IN 2022. OF SPECIAL NOTE, 149 SENIOR PETS (DOGS OVER 8 YEARS OF AGE AND CATS OVER 10) FOUND NEW FAMILIES.

USING A PROPRIETARY COMPETIBILITY QUIZ, PAWS USES TECHNOLOGY TO MATCH PETS WITH PROSPECTIVE ADOPTERS BASED ON THEIR LIFESTYLE NEEDS, HELPING TO ENSURE A LONG-TERM FIT AND MATCH EXPECTATIONS.

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

(Expenses \$ 2,185,401. including grants of \$) (Revenue \$)

4e Total program service expenses 15,454,696.

Form 990 (2022)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	283
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a 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?	5b	X
c 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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a 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:		
a Gross income from members or shareholders	11a	
b 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	
b 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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

	1a	23	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		23		
b Enter the number of voting members included on line 1a, above, who are independent	1b	23		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANTHONY BERNARD - (773) 475-3323
1933 N MARCEY ST, CHICAGO, IL 60614

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNA HOMAN CEO/CHIEF COMMUNITY ENGAGE	40.00				X			247,375.	0.	13,174.
(2) KRISTINA ROSINIA CHIEF OPERATING OFFICER	40.00				X			184,352.	0.	4,232.
(3) ALYCIA EISENSTEIN, DVM DIRECTOR SPAY/NEUTER	40.00				X			155,208.	0.	2,635.
(4) JAMES ENGEL VICE PRESIDENT, COMMUNICAT	40.00				X			139,055.	0.	7,944.
(5) GABRIEL NIEVES HEAD OF PEOPLE AND CULTURE	40.00				X			135,702.	0.	6,454.
(6) JANE JACOBI, DVM VETERINARY SURGEON	40.00				X			128,699.	0.	10,310.
(7) KENNETH MILLER CHIEF FINANCIAL OFFICER	40.00				X			129,848.	0.	3,897.
(8) PAULA FASSEAS CHAIRMAN	30.00	X		X				0.	0.	0.
(9) PAM CAREY PRESIDENT	10.00	X		X				0.	0.	0.
(10) ALEXIS FASSEAS TREASURER	30.00	X		X				0.	0.	0.
(11) GEORGE KARCAZES SECRETARY	5.00	X		X				0.	0.	0.
(12) JANICE BECK BOARD MEMBER	1.00	X						0.	0.	0.
(13) BARBARA BRADFORD BOARD MEMBER	1.00	X						0.	0.	0.
(14) MELISSA CANNING BOARD MEMBER	1.00	X						0.	0.	0.
(15) MICHAEL CANNING BOARD MEMBER	1.00	X						0.	0.	0.
(16) BRUCE CROWN BOARD MEMBER	1.00	X						0.	0.	0.
(17) LISA DENT BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GLENN FELNER BOARD MEMBER	1.00	X						0.	0.	0.
(19) RAJ FERNANDO BOARD MEMBER	1.00	X						0.	0.	0.
(20) JEFF HALL BOARD MEMBER	1.00	X						0.	0.	0.
(21) STEPHANIE FIELD HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(22) SUZANNE LE MIGNOT BOARD MEMBER	1.00	X						0.	0.	0.
(23) TINSLEY MORTIMER BOARD MEMBER	1.00	X						0.	0.	0.
(24) MURRAY PERETZ BOARD MEMBER	1.00	X						0.	0.	0.
(25) MAYARI PRITZKER BOARD MEMBER	1.00	X						0.	0.	0.
(26) PHIL RASKIN BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,120,239.	0.	48,646.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,120,239.	0.	48,646.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

12

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** 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*
- 5** 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*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,636,741.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,116,955.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,208,538.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,250,997.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a LURIE CLINIC INCOME	Business Code	541990	1,508,200.	1,508,200.		
	b ADOPTION FEES		812900	989,159.	989,159.		
	c TRAINING CENTER		812900	200,510.	200,510.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,697,869.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,801,139.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b		2,159,776.			
c Gain or (loss)		7c		1,865,332.			
d Net gain or (loss)				294,444.			294,444.
8 a Gross income from fundraising events (not including \$ 4,636,741. of contributions reported on line 1c). See Part IV, line 18		8a		504,750.			
b Less: direct expenses		8b		504,750.			
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19		9a		16,998.			
b Less: direct expenses	9b		0.				
c Net income or (loss) from gaming activities			16,998.			16,998.	
10 a Gross sales of inventory, less returns and allowances	10a		58,236.				
b Less: cost of goods sold	10b		19,429.				
c Net income or (loss) from sales of inventory			38,807.			38,807.	
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			25,811,491.	2,697,869.	0.	2151388.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	260,549.	244,586.	4,423.	11,540.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,055,254.	7,503,274.	152,953.	399,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,122.	78,122.		
9 Other employee benefits	594,418.	594,418.		
10 Payroll taxes	655,829.	602,013.	20,591.	33,225.
11 Fees for services (nonemployees):				
a Management				
b Legal	72,284.		72,284.	
c Accounting	34,810.		34,810.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	53,193.		53,193.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	325,148.	233,350.	32,106.	59,692.
12 Advertising and promotion	55,418.	39,493.	2,095.	13,830.
13 Office expenses	355,460.	234,494.	83,284.	37,682.
14 Information technology	525,132.	406,021.	61,750.	57,361.
15 Royalties				
16 Occupancy	517,504.	415,505.	14,377.	87,622.
17 Travel	88,538.	36,672.	13,187.	38,679.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,244.	199.	1,045.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	954,222.	913,935.	22,162.	18,125.
23 Insurance	180,810.	157,226.	19,653.	3,931.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PET FOOD AND AUCTION	1,150,076.	623,270.		526,806.
b MEDICAL SUPPLIES	813,996.	813,227.	769.	
c PRINTING AND PRODUCTION	708,710.	449,256.		259,454.
d BAD DEBT EXPENSE	698,207.	582,360.	31,055.	84,792.
e All other expenses SEE SCH O	2,306,245.	1,527,275.	172,571.	606,399.
25 Total functional expenses. Add lines 1 through 24e	18,485,169.	15,454,696.	792,308.	2,238,165.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,333,275.	1	9,496,874.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,850,910.	3	765,618.
	4 Accounts receivable, net		4	493,300.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	39,954.	8	129,644.
	9 Prepaid expenses and deferred charges	193,245.	9	279,282.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,034,717.		
	b Less: accumulated depreciation	10b 7,703,255.		
	11 Investments - publicly traded securities	19,838,537.	10c	19,331,462.
	12 Investments - other securities. See Part IV, line 11	81,536,133.	11	69,264,129.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,792,054.	15		
Liabilities	17 Accounts payable and accrued expenses	110,792,054.	16	99,760,309.
	18 Grants payable	1,075,754.	17	1,691,960.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	179,958.	19	317,182.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,116,955.	24	
	26 Total liabilities. Add lines 17 through 25		25	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	2,372,667.	26	2,009,142.
	27 Net assets without donor restrictions			
	28 Net assets with donor restrictions	78,410,374.	27	73,176,402.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	30,009,013.	28	24,574,765.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances		31	
	33 Total liabilities and net assets/fund balances	108,419,387.	32	97,751,167.
		110,792,054.	33	99,760,309.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck 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	25,811,491.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,485,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,326,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,419,387.
5	Net unrealized gains (losses) on investments	5	-17,994,542.
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	97,751,167.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a 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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2022)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15158087.	15990281.	13912387.	16173589.	20962234.	82196578.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15158087.	15990281.	13912387.	16173589.	20962234.	82196578.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8520666.
6 Public support. Subtract line 5 from line 4.						73675912.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15158087.	15990281.	13912387.	16173589.	20962234.	82196578.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1637804.	1712253.	2152381.	3531858.	1801139.	10835435.
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 assets (Explain in Part VI.)	70,223.	38,230.	5,554.	12,955.		126,962.
11 Total support. Add lines 7 through 10						93158975.
12 Gross receipts from related activities, etc. (see instructions)					12	2,753,674.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	79.09 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.40 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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 and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

Schedule A (Form 990) 2022

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section 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 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		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
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.		
a 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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
PAWS CHICAGO	36-4219778

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER AND PAULA FASSEAS FOUNDATION 77 W WALTON ST, UNIT 21A CHICAGO, IL 60611	\$ 2,111,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF SUSAN GRAHAM JACOBSON 525 W MONROE ST CHICAGO, IL 60601	\$ 829,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MERRICK PET CARE, INC. 909 DAVIS ST, SUITE 2400 EVANSTON, IL 60201	\$ 623,270.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416	\$ 1,116,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF ALEXANDER MIRON 2530 W FITCH AVE, APT 1 CHICAGO, IL 60645	\$ 533,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF HENRY GROH 201 S. GROVE AVENUE BARRINGTON, IL 60010	\$ 452,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PAWS CHICAGO

36-4219778

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF DIANA HUNTER 720 12TH STREET WILMETTE, IL 60091	\$ 479,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PAWS CHICAGO

36-4219778

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
2	REAL ESTATE	\$ 723,000.	03/22/22
3	PET FOOD SUPPLIES	\$ 623,270.	12/31/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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 maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70,313,856.	50,449,464.	41,810,232.	38,076,519.	33,021,011.
b Contributions	5,674,382.	8,567,620.	8,639,232.	3,733,713.	5,055,508.
c Net investment earnings, gains, and losses	-15,952,152.	11,296,772.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	0.				
g End of year balance	60,036,086.	70,313,856.	50,449,464.	41,810,232.	38,076,519.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 60.9900 %
 b Permanent endowment 39.0100 %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations _____
 (ii) Related organizations _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,874,619.		3,874,619.
b Buildings		18,514,874.	4,194,474.	14,320,400.
c Leasehold improvements		183,725.	104,111.	79,614.
d Equipment		2,132,965.	1,671,156.	461,809.
e Other		2,328,534.	1,733,514.	595,020.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,331,462.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-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, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,783,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-17,994,542.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-17,994,542.
3	Subtract line 2e from line 1	3	25,777,727.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,193.
b	Other (Describe in Part XIII.)	4b	-19,429.
c	Add lines 4a and 4b	4c	33,764.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,811,491.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,451,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	19,429.
e	Add lines 2a through 2d	2e	19,429.
3	Subtract line 2e from line 1	3	18,431,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,193.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	53,193.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,485,169.

Part XIII Supplemental Information.

Provide 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
 REQUIRE THE ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE
 ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN
 AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED
 UPON EXAMINATION BY TAX AUTHORITIES. THE PLAN IS SUBJECT TO ROUTINE
 AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR
 ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -19,429.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 19,429.

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

2022

Open to Public Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUR BALL (event type)	TEAM PAWS (event type)	4 (total number)	
Revenue	1 Gross receipts	2,189,486.	907,378.	2,044,628.	5,141,492.
	2 Less: Contributions	2,062,836.	907,378.	1,666,527.	4,636,741.
	3 Gross income (line 1 minus line 2)	126,650.		378,101.	504,751.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	125,563.		71,145.	196,708.
	6 Rent/facility costs		17,051.	29,745.	46,796.
	7 Food and beverages	144,754.	150.	97,613.	242,517.
	8 Entertainment	13,550.	600.	4,580.	18,730.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				504,751.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			16,998.	16,998.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				16,998.

 9 Enter the state(s) in which the organization conducts gaming activities: IL

 a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ANTHONY BERNARD

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 revenue? ☐ Yes ☒ No
- 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:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

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 ☒ No
- 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.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSANNA HOMAN	(i)	247,375.	0.	0.	7,909.	5,265.	260,549.	0.
CEO/CHIEF COMMUNITY ENGAGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTINA ROSINIA	(i)	184,352.	0.	0.	4,232.	0.	188,584.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALCIA EISENSTEIN, DVM	(i)	154,458.	750.	0.	2,635.	0.	157,843.	0.
DIRECTOR SPAY/NEUTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	24	39,043.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	377,917.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	723,000.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	187,733	623,274.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SPECIAL EVENT</u>)	X	513	526,806.	FAIR MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 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

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
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PAWS CHICAGO USES INSURANCE AUTO AUCTIONS, INC. TO MANAGE THE
DONATION/SALES OF VEHICLES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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 NEARLY 5,000 HOMELESS PETS ANNUALLY, WITH AN
ADDITIONAL 20,000 ANIMALS FROM UNDER-RESOURCED COMMUNITIES RECEIVING
FREE AND LOW-COST SPAY/NEUTER SURGERIES, VACCINATIONS, MEDICAL CARE AND
OTHER SUPPORT INCLUDING A PET FOOD PANTRY THAT DISTRIBUTED NEARLY
18,100 POUNDS OF FOOD IN 2022.

PAWS CHICAGO'S PROGRAMS IMPLEMENT SOLUTIONS TO BUILD NO KILL
COMMUNITIES, 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 92.5%. PAWS CHICAGO IS ABLE TO SAVE
AT-RISK ANIMALS FROM 13 ADDITIONAL HIGH KILL STATES, AND SUPPORT
ANIMALS IMPACTED BY NATURAL DISASTERS LIKE 2022'S HURRICANE IAN IN THE
GULF COAST AND HURRICANE FIONA IN PUERTO RICO.

2022 RESULTS INCLUDE 15,424 FREE AND LOW-COST SPAY/NEUTER SURGERIES;
4,629 ADOPTIONS OF HOMELESS ANIMALS INTO NEW, LOVING FAMILIES; A 98.04%
SAVE RATE EVEN WHILE RESCUING EXTREMELY VULNERABLE POPULATION OF
AT-RISK HOMELESS PETS; 18,108 POUNDS OF FOOD AND SUPPLIES DISTRIBUTED
THROUGH THE PET FOOD PANTRY; 2,174 HOMELESS ANIMALS PLACED IN FOSTER
CARE; 95,386 HOURS WORKED BY VOLUNTEERS, AND THE 20TH CONSECUTIVE YEAR
OF CHARITY NAVIGATOR'S HIGHEST 4-STAR RATING.

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

Schedule O (Form 990) 2022

Name of the organization

PAWS CHICAGO

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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 (SPAY/NEUTER), ANIMAL HEALTH & BEHAVIOR, ADOPTION AND VOLUNTEERS. DETAILED PROGRAM INFORMATION FOLLOWS.

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

FROM UPPER RESPIRATORY INFECTIONS TO DEADLY DISEASES LIKE 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 448 ADVANCED SURGERIES ADDRESSING ORTHOPEDIC CONDITIONS SUCH AS TORN LIGAMENTS, EYE SURGERIES, 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: 2,174 CATS AND DOGS WENT INTO FOSTER CARE IN 2022.

AS PART OF THE FOSTER PROGRAM, HELP ME HEAL (HMH) IS A FOSTER-TO-ADOPT PROGRAM THAT ENABLES ANIMALS WITH LONG-TERM RECOVERIES TO GO INTO

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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 2022, THERE WERE 149 PETS CARED FOR IN HMH HOMES BEFORE ADOPTION.

RECOGNIZING THAT BEHAVIORAL HEALTH, SOCIALIZATION AND COMMUNICATION ARE JUST AS IMPORTANT TO A QUALITY LIFE AS PHYSICAL HEALTH, PAWS CHICAGO ALSO HAS FOUR FULL-TIME AND NUMEROUS PART-TIME TRAINERS WHO LEAD AN INNOVATIVE DOG AND CAT TRAINING AND ENRICHMENT PROGRAM FOR PAWS CHICAGO'S HOMELESS ANIMALS, PAWS ADOPTERS, AND MEMBERS OF THE PUBLIC. FOR PAWS HOMELESS PETS, A 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, THEY PROVIDE ENRICHING 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 SUPPORT. FOR THE PUBLIC, PAWS TRAINERS ALSO LED 265 IN-PERSON CLASSES WITH 1,907 DOGS IN 2022. THEY ALSO CONDUCTED 48 GROUP AND ONE-ON-ONE ZOOM TRAINING CLASSES WITH 325 DOGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SUCH, ARE AT THE CORE OF PAWS PREVENTION INITIATIVES.

AT THE END OF 2022, PAWS CHICAGO WAS NEARING THE MILESTONE OF 300,000

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FREE AND LOW-COST 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.

IN APRIL 2022, PAWS CHICAGO WAS ABLE TO EXPAND SPAY/NEUTER OPERATIONS
AND ADD A 5TH DAY OF SPAY/NEUTER SURGERIES EACH WEEK, LEADING TO A 25%
INCREASE IN THE NUMBER OF SURGERIES COMPARED TO 2021. PAWS ALSO MORE
THAN DOUBLED THE NUMBER OF SPAY/NEUTER SURGERIES FOR LARGE DOGS,
ALTERING 1,366 DOGS OVER 40 POUNDS IN WEIGHT, THE MOST FREQUENTLY
EUTHANIZED TYPE OF PET IN CHICAGO. PAWS TALENTED VETERINARY SURGEONS
ALSO SAVED THE LIVES OF 109 FEMALE PETS WITH PYOMETRA, UTERINE
INFECTIONS THAT ARE LIFE THREATENING IF NOT IMMEDIATELY SURGICALLY
TREATED.

AS AN ANCILLARY SERVICE TO THE LURIE CLINIC, PAWS CHICAGO LAUNCHED THE
PAWS FOR LIFE OUTREACH PROGRAM IN 2014 TO EXPAND ACCESS TO SPAY/NEUTER
AND PET RESOURCES IN CHICAGO'S MOST UNDER-RESOURCED COMMUNITIES. OF THE
PETS PAWS FOR LIFE 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 SERVED A TOTAL
OF 839 COMMUNITY OUTREACH CLIENTS IN 2022.

THIS OUTREACH PROGRAM ALSO HAS EXPANDED SERVICES TO INCLUDE A COMMUNITY

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MEDICINE PROGRAM THAT PROVIDES VETERINARY CARE TO SICK, INJURED AND SUFFERING PETS WHO WOULD OTHERWISE NEVER SEE A VETERINARIAN. AN ADDITIONAL 1,021 HOUSEHOLDS WERE SUPPORTED BY 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 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 2022, PAWS PERFORMED 1,967 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 EXPAND THE REACH OF THE MISSION AND INSPIRES ACTION FOR ANIMALS. IN 2022, PAWS HOSTED 58 OFFSITE ADOPTION EVENTS, INCLUDING HIGH-PROFILE ANGELS WITH TAILS ADOPTION EVENTS AROUND THE CHICAGOLAND AREA WHERE LOCAL RETAILERS, GROCERS AND EVEN THE CHICAGO BLACKHAWKS WELCOME HOMELESS PETS IN THEIR LOCATIONS FOR ON-SITE

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ADOPTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

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

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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 210,000 THE PAWS CHICAGO WEBSITE, WITH MORE THAN 1.2M UNIQUE USERS IN 2022, AND THE PAWS CHICAGO E-NEWSLETTER, WITH A MONTHLY DISTRIBUTION AVERAGING 157,000 AND AN OPEN-RATE OF 59.9%. THESE VEHICLES INSPIRE PEOPLE TO TAKE ACTION FOR ANIMALS AND BECOME ADVOCATES FOR HOMELESS PETS.

VOLUNTEERS:

VOLUNTEERS ARE THE LIFE FORCE BEHIND PAWS CHICAGO'S OPERATIONS AND AN ESSENTIAL INGREDIENT TO BUILDING A NO KILL CHICAGO. IN 2022, VOLUNTEERS DEDICATED 95,386 HOURS OF SERVICE, THE EQUIVALENT OF 46 FULL-TIME EMPLOYEES. AND THIS DOESN'T INCLUDE FOSTER FAMILIES WHO TOOK IN AND CARED FOR 2,174 ANIMALS IN NEED IN 2022. 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.

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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 \$ 2,185,401. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

1. PAULA FASSEAS IS THE MOTHER OF ALEXIS FASSEAS. 2. MICHAEL AND MELISSA CANNING ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS. 3. BARBARA BRADFORD AND ROBERT SHERMAN ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS.

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 TRANSACTIONS 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.

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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 AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D). IN ADDITION, FORM 990 IS COMMONLY AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.PAWSCHICAGO.ORG

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	493,959.
MANAGEMENT AND GENERAL EXPENSES	67,962.
FUNDRAISING EXPENSES	126,355.
TOTAL EXPENSES	688,276.

POSTAGE:

PROGRAM SERVICE EXPENSES	403,027.
MANAGEMENT AND GENERAL EXPENSES	11,353.
FUNDRAISING EXPENSES	153,264.
TOTAL EXPENSES	567,644.

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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ANIMAL CARE SUPPLIES:

PROGRAM SERVICE EXPENSES	375,138.
MANAGEMENT AND GENERAL EXPENSES	23,197.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	398,335.

MERCHANDISE COST:

PROGRAM SERVICE EXPENSES	3,378.
MANAGEMENT AND GENERAL EXPENSES	6,058.
FUNDRAISING EXPENSES	177,819.
TOTAL EXPENSES	187,255.

TELEPHONE AND INTERNET:

PROGRAM SERVICE EXPENSES	97,586.
MANAGEMENT AND GENERAL EXPENSES	36,967.
FUNDRAISING EXPENSES	2,440.
TOTAL EXPENSES	136,993.

BANK/CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES	7,437.
MANAGEMENT AND GENERAL EXPENSES	6,530.
FUNDRAISING EXPENSES	108,367.
TOTAL EXPENSES	122,334.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	60,987.
MANAGEMENT AND GENERAL EXPENSES	7,550.
FUNDRAISING EXPENSES	11,059.

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TOTAL EXPENSES	79,596.
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TRAINING REIMBURSEMENT:

PROGRAM SERVICE EXPENSES	69,682.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	69,682.
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EVENT CATERING AND FOOD:

PROGRAM SERVICE EXPENSES	6,578.
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MANAGEMENT AND GENERAL EXPENSES	8,308.
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FUNDRAISING EXPENSES	7,627.
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TOTAL EXPENSES	22,513.
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LICENSE & PERMITS:

PROGRAM SERVICE EXPENSES	1,258.
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MANAGEMENT AND GENERAL EXPENSES	3,039.
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FUNDRAISING EXPENSES	17,513.
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TOTAL EXPENSES	21,810.
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DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	4,932.
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MANAGEMENT AND GENERAL EXPENSES	1,607.
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FUNDRAISING EXPENSES	1,955.
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TOTAL EXPENSES	8,494.
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RENTAL FEES:

PROGRAM SERVICE EXPENSES	3,313.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,313.
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TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	2,306,245.
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FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS

DURING THE YEAR.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 01/01/2022& Ending 12/31/2022
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☒ \$100.00 Late Report Filing Fee
MO DAY YR

Federal ID # 36-4219778

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date Organization was created:

LEGAL NAME PAWS CHICAGO	Year-end amounts	
MAIL ADDRESS 1997 N. CLYBOURN AVENUE	A) ASSETS	A) \$ 99,760,309.
CITY, STATE CHICAGO, IL	B) LIABILITIES	B) \$ 2,009,142.
ZIP CODE 60614	C) NET ASSETS	C) \$ 97,751,167.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	87.338 %	D) \$ 22,543,148.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	4.327 %	E) \$ 1,116,955.
F) OTHER REVENUES	8.335 %	F) \$ 2,151,388.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 25,811,491.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	83.606 %	H) \$ 15,454,696.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	83.606 %	J) \$ 15,454,696.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.606 %	L) \$ 15,454,696.
M) MANAGEMENT AND GENERAL EXPENSE	4.286 %	M) \$ 792,308.
N) FUNDRAISING EXPENSE	12.108 %	N) \$ 2,238,165.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 18,485,169.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: ALCIA EISENSTEIN, DVM, DIRECTOR SPAY/NEUTER		T) \$ 157,843.
U) NAME, TITLE: KRISTINA ROSINA, CHIEF OPERATING OFFICER		U) \$ 188,584.
V) NAME, TITLE: SUSANNA HOMAN, CEO		V) \$ 260,549.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: NO KILL ANIMAL WELFARE		W) # 070
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>JPMORGAN CHASE BANK, PO BOX 182051, COLUMBUS, OH 43218</u>			
<u>WINTRUST COMMUNITY BANK, 9801 W HIGGINS RD, ROSEMONT, IL 60018</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ANTHONY BERNARD - (773)475-3323</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PAULA FASSEAS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

ALEXIS FASSEAS

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

LEGACY PROFESSIONALS LLP

PREPARER (PRINT NAME)

SIGNATURE

11/6/23

DATE