

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PAWS CHICAGO		D Employer identification number 36-4219778
	Doing business as		E Telephone number 773-935-7297
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,885,931.
	1997 N. CLYBOURN AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60614		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PAULA FASSEAS SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PAWSCHICAGO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 A NATIONAL MODEL IN NO KILL ANIMAL WELFARE, OFFERING ROBUST ADOPTION AND SPAY/NEUTER		
	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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	242
	6 Total number of volunteers (estimate if necessary)	6	1421
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b 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)	15,990,281.	15,333,565.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,894,708.	1,712,196.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,569,711.	-435,627.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-747,125.	-1,480,193.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,707,575.	15,129,941.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,524,097.	6,468,691.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 475,147.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,796,561.	4,859,137.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,320,658.	11,327,828.	
19 Revenue less expenses. Subtract line 18 from line 12	7,386,917.	3,802,113.	
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)	76,633,109.	91,805,838.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,348,202.	2,162,263.
		75,284,907.	89,643,575.

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 Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MEGAN ANGLE	Preparer's signature MEGAN ANGLE	Date
	Firm's name ▶ PORTE BROWN LLC Firm's address ▶ 845 OAKTON STREET ELK GROVE VILLAGE, IL 60007	Firm's EIN ▶ 36-2663358	Check if self-employed <input type="checkbox"/> PTIN P00850733 Phone no. 847-956-1040

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PAWS CHICAGO IS A NATIONAL LEADER IN THE NO KILL ANIMAL WELFARE MOVEMENT. THE RISKS AND CHALLENGES THAT HOMELESS PETS FACE ARE CONSTANTLY EVOLVING, WHICH IS WHY PAWS CHICAGO'S COMPREHENSIVE NO KILL MODEL IS NIMBLE, AND DESIGNED TO OPTIMIZE LIFESAVING AND ADJUST TO

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,421,780. including grants of \$) (Revenue \$ 172,069.) ANIMAL HEALTH & BEHAVIOR: COMMITTING TO SAVING EACH TREATABLE PET AND PROVIDING ALL THE MEDICAL TREATMENT AND BEHAVIORAL ENRICHMENT NEEDED TO OPTIMIZE HEALTH AND WELLBEING ARE TWO OF THE MOST CRITICAL ELEMENTS OF NO KILL. DUE TO OUR EXPERT VETERINARY AND BEHAVIOR TEAMS, PAWS CHICAGO IS ONE OF THE FEW SHELTERS IN THE COUNTRY THAT CAN TREAT AND REHABILITATE A LARGE VOLUME OF SICK, INJURED AND BEHAVIORALLY CHALLENGED ANIMALS. IN 2020, PAWS CHICAGO HAD A 98.17% SAVE RATE, EVEN WHILE TAKING IN A VULNERABLE POPULATION OF ANIMALS. IN TOTAL, 9,606 SEPARATE MEDICAL DIAGNOSES WERE TREATED, INCLUDING 1,299 RESPIRATORY ILLNESSES; 1,163 GI CONDITIONS LIKE PARASITES AND WORMS; 463 MUSCULOSKELETAL ABNORMALITIES; 143 ABNORMAL HEART CONDITIONS; 111 HEARTWORM POSITIVE CANINES AND 24 NEUROLOGIC CONDITIONS. THE MEDICAL

4b (Code:) (Expenses \$ 2,298,667. including grants of \$) (Revenue \$ 697,692.) PREVENTION & SPAY/NEUTER: DESPITE THE PANDEMIC SHUTTING DOWN BUSINESSES ACROSS THE COUNTRY AND FORCING MASSIVE CHANGES TO OPERATIONS, PAWS CHICAGO REMAINED OPERATIONAL, INCLUDING ITS MEDICAL CENTER AND LURIE CLINIC, PERFORMING 9,453 SPAY/NEUTER SURGERIES IN 2020. THE MAJORITY OF STRAY, FERAL AND UNWANTED PETS ORIGINATE IN LOW-INCOME, UNDER-RESOURCED COMMUNITIES. THROUGH THE PAWS CHICAGO LURIE CLINIC IN LITTLE VILLAGE AND THE GUSMOBILE SPAY/NEUTER VAN, WHICH BRINGS LIFESAVING SOLUTIONS DIRECTLY TO NEIGHBORHOODS LACKING RESOURCES, PAWS OFFERS SPAY/NEUTER SERVICES WHERE THEY ARE NEEDED MOST AND WHERE THEY MAKE THE MOST IMPACT. PAWS CHICAGO IS NEARING ON THE MILESTONE OF 300,000 LOW-COST AND FREE SPAY/NEUTER SURGERIES SINCE THE LURIE CLINIC'S OPENING IN 2000.

4c (Code:) (Expenses \$ 2,152,629. including grants of \$) (Revenue \$ 842,435.) ADOPTION: RESCUING HOMELESS PETS AND UNITING THEM WITH THEIR NEW FAMILIES IS AT THE FOREFRONT OF WHAT PAWS CHICAGO DOES DAILY. THROUGH PAWS CHICAGO'S ADOPTION CENTERS AND INNOVATIVE PROGRAMMING, PAWS UNITED 4,100 ANIMALS WITH LOVING HOMES IN 2020. PAWS CHICAGO'S RESCUE AND ADOPTION PROGRAMS DID NOT CLOSE FOR EVEN ONE DAY DURING THE COVID-19 PANDEMIC, IMMEDIATELY SHIFTING TO A VIRTUAL ADOPTION PROCESS AND CONTINUING TO SAVE THE LIVES OF AT-RISK ANIMALS. WHEN OTHER STATES PROHIBITED TRANSPORT OF AT-RISK HOMELESS PETS DURING THE PANDEMIC, PAWS CHICAGO STEPPED IN TO SAVE LIVES. IN 2020, PAWS CHICAGO ALSO LAUNCHED THE COMPETIBILITY QUIZ AND MATCHMAKING PROGRAM, DESIGNED TO ASSIST ADOPTERS IN FINDING PETS THAT FIT THEIR HOME ENVIRONMENT AND LIFESTYLE. THIS INNOVATIVE PROGRAM WAS ESSENTIAL FOUNDATION TO BUILD A VIRTUAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,236,097. including grants of \$) (Revenue \$)

4e Total program service expenses 10,109,173.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>	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>	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>		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>		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>		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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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</i>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		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>		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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in 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? (X); 16b 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?

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.
[X] Own website [X] Another's website [X] 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
KENNETH E. MILLER - (773) 475-3301
1933 N. MARCEY STREET, CHICAGO, IL 60614

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ALISA BRILL CFO/VP OF MED CENTER OPS	40.00			X			105,427.	0.	0.	
(2) BARBARA KOMPARE VETERINARIAN	40.00				X		148,583.	0.	0.	
(3) JESSICA VON WALDAU VETERINARIAN	40.00				X		143,334.	0.	0.	
(4) JOHN DREWNIAK VICE PRESIDENT-OPERATIONS	40.00				X		140,677.	0.	3,274.	
(5) JOAN HARRIS DIRECTOR OF CANINE BEHAVIOR	40.00				X		106,754.	0.	3,274.	
(6) JAMES ENGEL VICE PRESIDENT-COMMUNICATIONS	40.00				X		124,821.	0.	3,274.	
(1) PAULA FASSEAS CHAIRMAN/CEO	40.00	X		X			0.	0.	0.	
(2) PAM CAREY PRESIDENT	1.00	X		X			0.	0.	0.	
(3) ALEXIS FASSEAS TREASURER	30.00	X		X			0.	0.	0.	
(4) GEORGE KARCAZES SECRETARY	1.00	X		X			0.	0.	0.	
(5) JANICE BECK BOARD MEMBER	1.00	X					0.	0.	0.	
(6) BARBARA BRADFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MELISSA CANNING BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MICHAEL CANNING BOARD MEMBER	1.00	X					0.	0.	0.	
(9) BRUCE CROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(10) LISA DENT BOARD MEMBER	1.00	X					0.	0.	0.	
(11) PETER FASSEAS 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12) GLENN FELNER BOARD MEMBER	1.00	X						0.	0.	0.
(13) RAJ FERNANDO BOARD MEMBER	1.00	X						0.	0.	0.
(14) STEPHANIE FIELD HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(15) SUZANNE LEMIGNOT BOARD MEMBER	1.00	X						0.	0.	0.
(16) TINSLEY MORTIMER BOARD MEMBER	1.00	X						0.	0.	0.
(17) MURRAY PERETZ BOARD MEMBER	1.00	X						0.	0.	0.
(18) MAYARI PRITZKER BOARD MEMBER	1.00	X						0.	0.	0.
(19) DR. BARBARA ROYAL BOARD MEMBER	1.00	X						0.	0.	0.
(20) NANCY SANTI BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								769,596.	0.	9,822.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								769,596.	0.	9,822.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
RWE MANAGEMENT, 16W361 S FRONTAGE RD, SUITE 106, BURR RIDGE, IL 60527	CONSTRUCTION	2,582,945.
NEWPORT ONE, INC. 21 RAILROAD AVE, DUXBURY, MA 02332	COMMUNICATIONS STRATEGY	454,112.
BRIAN ALLENDORFER CO., INC., 1240 N. NORTH CENTRAL AVE, CHICAGO, IL 60651	CONSTRUCTION	187,255.
CROSSREALMS, INC., 20 W KINZE STREET, FLOOR 17, CHICAGO, IL 60654	INFORMATION SYSTEMS	137,737.
KADLEC ARCHITECTURE DESIGN, 110 W KINZIE STREET, 4TH FLOOR, CHICAGO, IL 60654	DESIGN/FURNITURE	101,213.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2,560,971.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,772,594.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,116,789.				
	h Total. Add lines 1a-1f			15,333,565.			
Program Service Revenue	2 a ADOPTION FEES	Business Code	812900	842,435.	842,435.		
	b LURIE CLINIC INCOME		541990	697,692.	697,692.		
	c TRAINING CENTER		812900	172,069.	172,069.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,712,196.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,152,381.		2,152,381.	
	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	7,883,011.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	10,471,019.				
	c Gain or (loss)	7c	-2,588,008.				
	d Net gain or (loss)			-2,588,008.		-2,588,008.	
8 a Gross income from fundraising events (not including \$ 2,560,971. of contributions reported on line 1c). See Part IV, line 18	8a		-209,136.				
		b Less: direct expenses	8b	1,232,316.			
		c Net income or (loss) from fundraising events			-1,441,452.		-1,441,452.
9 a Gross income from gaming activities. See Part IV, line 19	9a		8,370.				
		b Less: direct expenses	9b	1,874.			
		c Net income or (loss) from gaming activities			6,496.		6,496.
10 a Gross sales of inventory, less returns and allowances	10a		279.				
		b Less: cost of goods sold	10b	50,781.			
		c Net income or (loss) from sales of inventory			-50,502.		-50,502.
Miscellaneous Revenue	11 a OTHER MISC REVENUE	Business Code	900099	5,265.	5,265.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			5,265.			
12 Total revenue. See instructions			15,129,941.	1,717,461.	0.	-1,921,085.	

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

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	105,427.	94,884.	10,543.	
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	5,513,851.	5,128,201.	331,283.	54,367.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	467,197.	429,535.	34,229.	3,433.
10 Payroll taxes	382,216.	351,437.	28,006.	2,773.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,244.		38,244.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	739,297.	553,478.	71,090.	114,729.
12 Advertising and promotion	8,577.	8,526.		51.
13 Office expenses	383,051.	221,730.	116,068.	45,253.
14 Information technology				
15 Royalties				
16 Occupancy	227,908.	223,132.	4,498.	278.
17 Travel	40,359.	35,467.	3,638.	1,254.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,027.	6,375.	650.	2.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	596,112.	569,055.	25,025.	2,032.
23 Insurance	82,088.	74,466.	7,061.	561.
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 MEDICAL SUPPLIES	680,286.	680,201.	85.	
b ANIMAL CARE SUPPLIES	628,400.	628,400.		
c PRINTING AND PRODUCTION	393,241.	262,228.	793.	130,220.
d TECHNOLOGY EXPENSE	348,890.	272,546.	41,730.	34,614.
e All other expenses	685,657.	569,512.	30,565.	85,580.
25 Total functional expenses. Add lines 1 through 24e	11,327,828.	10,109,173.	743,508.	475,147.
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 Sheet

Check 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	2,867,789.	1	4,109,915.
	2 Savings and temporary cash investments	3,074,331.	2	3,626,033.
	3 Pledges and grants receivable, net	3,846,113.	3	1,938,447.
	4 Accounts receivable, net	280,581.	4	687,182.
	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	82,068.	8	42,925.
	9 Prepaid expenses and deferred charges	330,639.	9	187,703.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,786,351.		
	b Less: accumulated depreciation	10b 6,051,915.	10c	
	11 Investments - publicly traded securities	17,400,879.	11	19,734,436.
	12 Investments - other securities. See Part IV, line 11	48,750,709.	12	61,479,197.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	76,633,109.	16	91,805,838.	
Liabilities	17 Accounts payable and accrued expenses	1,180,953.	17	971,312.
	18 Grants payable		18	
	19 Deferred revenue	167,249.	19	37,148.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,153,803.
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,348,202.	26	2,162,263.
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.			
	27 Net assets without donor restrictions	58,793,439.	27	73,683,588.
	28 Net assets with donor restrictions	16,491,468.	28	15,959,987.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	75,284,907.	32	89,643,575.
	33 Total liabilities and net assets/fund balances	76,633,109.	33	91,805,838.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,129,941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,327,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,802,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,284,907.
5	Net unrealized gains (losses) on investments	5	10,556,555.
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	89,643,575.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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 in 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		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	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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 or 990-EZ).)
- 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 in 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).

(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10334265.	12759996.	15158087.	15990281.	13912387.	68155016.
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	10334265.	12759996.	15158087.	15990281.	13912387.	68155016.
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)						8250733.
6 Public support. Subtract line 5 from line 4.						59904283.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10334265.	12759996.	15158087.	15990281.	13912387.	68155016.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	605,225.	1194814.	1637804.	1712253.	2152381.	7302477.
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.	5,544.	113,997.
11 Total support. Add lines 7 through 10						75571490.
12 Gross receipts from related activities, etc. (see instructions)					12	9,815,707.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	82.40 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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? <i>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.</i>	Yes	No
2a		
b Did the activities described in 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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).		

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization PAWS CHICAGO	Employer identification number 36-4219778
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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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>1,944,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>317,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>551,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>489,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PAWS CHICAGO	Employer identification number 36-4219778
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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
3	PET FOOD SUPPLIES _____ _____ _____	\$ 551,629.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PAWS CHICAGO	Employer identification number 36-4219778
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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

(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

(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

(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

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

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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	41,810,232.	38,076,519.	33,021,011.	25,296,830.	17,510,716.
b Contributions	8,639,232.	3,733,713.	5,055,508.	7,724,181.	7,786,114.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,449,464.	41,810,232.	38,076,519.	33,021,011.	25,296,830.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 75.0000 %
 - b Permanent endowment 25.0000 %
 - 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		9,832,875.	3,188,304.	6,644,571.
c Leasehold improvements		10,141,798.	1,161,230.	8,980,568.
d Equipment		1,103,270.	958,629.	144,641.
e Other		833,789.	743,752.	90,037.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,734,436.

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 ...

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	26,971,467.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,556,555.	
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	10,556,555.	
3	Subtract line 2e from line 1	3	16,414,912.	
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		
b	Other (Describe in Part XIII.)	4b	-1,284,971.	
c	Add lines 4a and 4b	4c	-1,284,971.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,129,941.	

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	12,612,799.
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	1,284,971.	
e	Add lines 2a through 2d	2e	1,284,971.	
3	Subtract line 2e from line 1	3	11,327,828.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,327,828.	

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 V, LINE 4:

THE BOARD HAS DESIGNATED FUNDS FOR LONG-TERM SUSTAINABILITY.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT FOR INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES, AS DEFINED UNDER THE INTERNAL REVENUE CODE. THERE WAS NO PROVISION FOR INCOME TAX REQUIRED FOR 2020 OR 2019. THE ORGANIZATION'S FEDERAL FORMS 990 AND 990-T FOR 2020, 2019, AND 2018 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. IN ADDITION, THE ORGANIZATION'S STATE FORMS AG990-IL AND IL990-T ARE SUBJECT TO EXAMINATION BY THE STATE

Part XIII Supplemental Information (continued)

TAX AUTHORITY FOR SIMILAR YEARS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-1,234,190.
COST OF GOODS SOLD	-50,781.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,284,971.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	1,234,190.
COST OF GOODS SOLD	50,781.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,284,971.

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 CHICAGO (event type)	4 (total number)	
Revenue	1	1,004,894.	553,750.	793,191.	2,351,835.
	2	946,363.	522,148.	1,092,460.	2,560,971.
	3	58,531.	31,602.	-299,269.	-209,136.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	57,896.	87,484.	1,086,936.	1,232,316.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,441,452.

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))
		1			8,370.
Direct Expenses	2				
	3			1,874.	1,874.
	4				
	5				
6	<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) ▶				1,874.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				6,496.

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: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	159	141,650.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	1,748,553.	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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	117,250	478,850.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SPECIAL EVENT)	X	417	565,160.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHANGING CONDITIONS. THIS WAS PARTICULARLY APPARENT AS THE 2020
COVID-19 PANDEMIC SURPRISED THE WORLD AND RAPIDLY CHANGED THE
CHALLENGES FACING HOMELESS ANIMALS, WITH GREAT IMPACT ON THE MOST
VULNERABLE ANIMAL POPULATIONS.

EVERY PAWS CHICAGO PROJECT AND INITIATIVE IS AIMED AT IMPLEMENTING
SOLUTIONS TO BUILD NO KILL COMMUNITIES, END PET OVERPOPULATION AND
TRANSFORM ANIMAL WELFARE BY SETTING HIGHER STANDARDS. SINCE PAWS
CHICAGO'S FOUNDING IN 1997, THE NUMBER OF PETS KILLED EACH YEAR IN
CHICAGO HAS BEEN REDUCED BY MORE THAN 90 PERCENT. WITH THIS INCREDIBLE
LIFE-SAVING SUCCESS, PAWS CHICAGO IS ABLE TO SAVE AT RISK ANIMALS FROM
12 ADDITIONAL HIGH KILL STATES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUED)

IN SUMMARY, 2020 RESULTS INCLUDE 9,453 SPAY/NEUTER SURGERIES; 4,100
ADOPTIONS OF HOMELESS ANIMALS INTO NEW, LOVING FAMILIES; A 98.17% SAVE
RATE; 9,606 MEDICAL DIAGNOSES TREATED; 29,889 POUNDS OF FOOD AND
SUPPLIES DISTRIBUTED THROUGH THE PET FOOD PANTRY; 2,834 HOMELESS
ANIMALS PLACED IN FOSTER CARE; 84,167 HOURS WORKED BY VOLUNTEERS (THE
EQUIVALENT OF 41 FULL-TIME EMPLOYEES); 1,399 PETS FROM UNDER-RESOURCED
COMMUNITIES MEDICALLY TREATED; AND THE 18TH CONSECUTIVE YEAR 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 or 990-EZ) 2020

032211 11-20-20

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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ALL OF PAWS CHICAGO'S PROGRAMS WORK TOWARD BUILDING NO KILL COMMUNITIES THROUGH THE COMPREHENSIVE NO KILL MODEL. THE FOUNDATION OF THE NO KILL MODEL IS COMMUNITY ENGAGEMENT. PAWS CHICAGO'S MISSION-CRITICAL PROGRAMS THE NO KILL PILLARS OF PREVENTION, ANIMAL HEALTH & BEHAVIOR, ADOPTION AND VOLUNTEERS SIT ATOP THIS FOUNDATION.

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

CENTER IS THE FIRST STOP FOR HOMELESS ANIMALS WHEN THEY ARRIVE AT PAWS 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. 2,834 ANIMALS WENT INTO FOSTER CARE IN 2020. AS THE ANIMAL WELFARE MOVEMENT CONTINUES TO GROW IN CHICAGO, HEALTHY ANIMALS ARE BEING SAVED IN RECORD NUMBERS AT THE CITY IMPOUNDMENT FACILITY, MEANING THE POPULATION OF RESCUED ANIMALS INCREASINGLY REQUIRE MORE SIGNIFICANT MEDICAL RESOURCES. IN 2019, PAWS CHICAGO BEGAN CONSTRUCTION ON A MAJOR EXPANSION OF ITS MEDICAL CENTER AND SHELTER MEDICINE PROGRAM TO INCREASE ITS CAPACITY TO SAVE SICK AND INJURED ANIMALS, WITH THE RENOVATED CENTER FULLY OPERATIONAL AT THE END OF 2020. THE COMPLETED MEDICAL CENTER TRIPLED THE NUMBER OF ISOLATION SUITES FROM 30 TO 90 AND IS THE PREMIER HOMELESS PET HOSPITAL IN THE NATION. THE PAWS CHICAGO TRAINING CENTER HAS FOUR FULL-TIME AND NUMEROUS PART-TIME TRAINERS WHO LEAD AN INNOVATIVE DOG 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 ABUSED, NEGLECTED, AND UNDER-SOCIALIZED HOMELESS DOGS WITH ONE-ON-ONE AND GROUP TRAINING AS

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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WELL AS BEHAVIOR ENRICHMENT TO HELP THEM BUILD CONFIDENCE AND COMMUNICATION, WHICH LEADS TO SUCCESSFUL ADOPTIONS. PAWS TRAINERS LED 88 IN-PERSON CLASSES WITH VOLUNTEERS AND SHELTER DOGS IN 2020. THEY ALSO CONDUCTED 160 GROUP AND ONE-ON-ONE ZOOM TRAINING CLASSES WITH PAWS DOGS AND THEIR TEMPORARY FOSTER FAMILIES. PAWS' GOAL IS TO PLACE SENSITIVE, ANXIOUS AND FEARFUL DOGS IN LOW-STRESS FOSTER HOMES. ADDITIONALLY, MORE THAN 1,000 CANINES ENROLLED IN A VARIETY OF TRAINING AND OBEDIENCE CLASSES IN 2020, WITH 66% ATTENDING VIRTUALLY DURING THE PANDEMIC, WHEN IN-PERSON CLASSES WERE SUSPENDED.

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

PREVENTING UNWANTED PETS FROM BEING BORN IS KEY TO BUILDING A NO KILL CHICAGO. A SINGLE FEMALE CAT AND HER OFFSPRING CAN THEORETICALLY PRODUCE 420,000 KITTENS IN SEVEN YEARS. FOR DOGS, THE NUMBER IS 96,000. SPAY/NEUTER SURGERIES ARE THE SOLUTION TO PET OVERPOPULATION, AND AS SUCH, ARE AT THE CORE OF PAWS PREVENTION INITIATIVES.

AS AN ANCILLARY SERVICE TO THE LURIE CLINIC, PAWS CHICAGO LAUNCHED THE PAWS FOR LIFE DOOR-TO-DOOR OUTREACH PROGRAM IN 2014, AND OPENING THE ENGLEWOOD OUTREACH CENTER IN 2019. PROGRAM STAFF AND VOLUNTEERS GO DOOR-TO-DOOR, EXPANDING ACCESS TO SPAY/NEUTER AND PET RESOURCES IN CHICAGO'S MOST UNDERSERVED COMMUNITIES. OF THE PETS PAWS FOR LIFE MEETS, 95% ARE UNALTERED. SIMPLY BY REMOVING BARRIERS, PAWS ACHIEVES A SPAY/NEUTER CONVERSION RATE OF 83%.

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 BACK

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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OF THE YARDS AS WELL. THE ENGLEWOOD OUTREACH CENTER SERVES AS AN ANIMAL WELFARE ANCHOR, ENABLING PAWS TO PROVIDE EVEN MORE PREVENTATIVE RESOURCES BEYOND FREE SPAY/NEUTER AND TRANSPORTATION. THIS IMPORTANT NEW LOCATION IS EXPANDING SERVICES TO INCLUDE A COMMUNITY MEDICINE PROGRAM THAT PROVIDES VETERINARY CARE TO SICK, INJURED AND SUFFERING PETS WHO WOULD OTHERWISE NEVER SEE A VETERINARIAN. IT ALSO ACTS AS A HUB FOR THE PET FOOD PANTRY, THE GUSMOBILE, VOLUNTEER ORIENTATIONS, FERAL CAT SHELTER BUILDING ASSISTANCE, TRAP-NEUTER-RETURN SUPPORT, EDUCATIONAL SESSIONS AND MORE.

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 2020, PAWS PERFORMED 980 SPAY/NEUTER SURGERIES ON FERAL CATS. THESE PREVENTION EFFORTS ARE CRITICAL TO ENDING THE KILLING OF HOMELESS PETS. THERE HAS BEEN A 91% REDUCTION IN KILLING SINCE 1997 AND TWO-THIRDS OF THIS REDUCTION IS THE RESULT OF FEWER PETS ENTERING SHELTERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ADOPTION PROCESS AND SAVE THOUSANDS OF ANIMAL LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VOLUNTEERS: VOLUNTEERS ARE THE LIFE FORCE BEHIND PAWS CHICAGO'S OPERATIONS AND AN ESSENTIAL INGREDIENT TO BUILDING A NO KILL CHICAGO. IN 2020, VOLUNTEERS DEDICATED 84,167 HOURS OF SERVICE, THE EQUIVALENT

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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OF 41 FULL-TIME EMPLOYEES. AND THIS DOESN'T INCLUDE FOSTER FAMILIES WHO TOOK IN AND CARED FOR 2,834 ANIMALS IN NEED IN 2020. 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. THE PANDEMIC REQUIRED INNOVATIVE APPROACHES TO PROVIDING TRADITIONAL SERVICES SUCH AS ADOPTION AND SHELTER MEDICINE. WHEN LOCAL STATUTES LIMITED NUMBERS OF PEOPLE ALLOWED IN ON-SITE REMOTE VOLUNTEER TEAMS WERE CREATED TO SHIFT TO VIRTUAL WORK. VOLUNTEERS SHOWED UP ONLINE AND ONSITE BY THE HUNDREDS TO HELP SAVE THOUSANDS OF ANIMALS IN NEED. A GROUP OF 1,421 NEW VOLUNTEERS JOINED THE PAWS TEAM. TWENTY NEW REMOTE TEAMS WERE FORMED AND 12 NEW VOLUNTEER ROLES WERE CREATED. ANIMAL WELFARE IS INCREDIBLY LABOR-INTENSIVE WORK. 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.

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 VICTIMS. THE WAY TO INSPIRE AND CREATE REAL CHANGE FOR ANIMALS IS TO MOBILIZE PEOPLE TO BE THEIR CARETAKERS AND ADVOCATES, AND PROVIDE RESOURCES AND SUPPORT IN UNDERSERVED COMMUNITIES. WHEN PAWS CHICAGO WAS FOUNDED IN 1997, THE MASS KILLING OF HOMELESS PETS WAS A HIDDEN CRISIS. THE PUBLIC HAD NO IDEA 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

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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THE RESULTANT KILLING HAS MOBILIZED THOUSANDS OF PEOPLE TO GET INVOLVED IN THE CAUSE BY ADOPTING, FOSTERING, VOLUNTEERING FOR, ADVOCATING FOR AND DONATING TO HOMELESS PETS. PAWS CHICAGO CONTINUES TO RAISE AWARENESS THROUGH MANY CHANNELS, INCLUDING WORKING WITH THE MEDIA TO PROMOTE THE CAUSE OF HOMELESS PETS, HOSTING-HIGH PROFILE ADOPTION EVENTS THROUGHOUT THE CITY, GENERATING MILLIONS OF VIEWS THROUGH DIGITAL PLATFORMS, AND PUBLISHING PAWS CHICAGO MAGAZINE, WHICH HAS THE LARGEST CIRCULATION OF ANY AREA MAGAZINE. WITH ITS NO KILL MODEL IN ACTION, PAWS CHICAGO IS LEADING A MOVEMENT, BUILDING A COMMUNITY, AND PREPARING THE FOUNDATION TO SHARE LESSONS LEARNED ON A NATIONAL LEVEL. EVERY YEAR, PAWS CHICAGO WELCOMES SHELTERS, RESCUE GROUPS AND INDIVIDUALS FROM AROUND THE COUNTRY TO SHADOW ITS OPERATIONS. PAWS CHICAGO ALSO HELPS START-UP ADOPTION GROUPS AND SPAY/NEUTER CLINICS AROUND THE WORLD. IN CHICAGO, PAWS HELPS LOCAL 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.

EXPENSES \$ 1,236,097. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

- 1) PAULA FASSEAS, CHAIRMAN, AND PETER FASSEAS, BOARD MEMBER, ARE MARRIED;
- 2) ALEXIS FASSEAS, TREASURER AND BOARD MEMBER IS THE DAUGHTER OF PETER AND PAULA FASSEAS;
- 3) MICHAEL AND MELISSA CANNING ARE MARRIED. THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS;
- 4) BARBARA BRADFORD AND ROBERT SHERMAN ARE

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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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 SECRETARY, TREASURER, THE CHAIRMAN OF THE BOARD, AND THE INDEPENDENT AUDITORS. 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 TO THE CHAIRMAN OF THE BOARD IN THE SECTION BELOW THAT REQUESTS THEM TO IDENTIFY THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY MEMBERS AS WELL AS OTHER NONPROFIT ORGANIZATIONS. FOR EACH INTEREST DISCLOSED, THE CHAIRPERSON OF THE BOARD WILL DETERMINE WHETHER THE ORGANIZATION SHOULD: (A) TAKE NO ACTION OR (B) DISCLOSE THE SITUATION MORE BROADLY AND INVITE DISCUSSION/RESOLUTION BY THE FULL BOARD OF WHAT ACTION TO TAKE, OR (C) REFRAIN FROM TAKING ACTION AND OTHERWISE AVOID THE CONFLICT.

IN SOME CASES THE PERSON WITH THE CONFLICT MAY BE ASKED TO EXCUSE HIM/HERSELF FROM SENSITIVE DISCUSSIONS SO AS NOT TO UNDULY INFLUENCE THE DISCUSSION OF THE CONFLICT.

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

THE CHAIRMAN OF THE BOARD AND PRESIDENT PERFORM AN ANNUAL COMPARISON OF PAWS CHICAGOS TOP MANAGEMENT COMPENSATION TO OTHER SIMILAR ORGANIZATIONS

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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AND BY EVALUATING INDUSTRY STANDARDS. DURING THIS EVALUATION THE ROLES, EXPERIENCE, AND LEVEL OF EDUCATION ARE TAKEN INTO CONSIDERATION. THE PROCESS WAS DOCUMENTED. THE EXECUTIVE MANAGEMENT, THE CHIEF MEDICAL OFFICER AND HUMAN RESOURCES DEPARTMENT PERFORM ANNUAL EVALUATIONS OF VETERINARIAN AND OTHER KEY MANAGEMENT SALARIES BASED ON EXPERIENCE AND AREAS OF SPECIALTY.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS FORMS 1023, 990, 990-T 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 ORGANIZATIONS WEBSITE WWW.PAWSCHICAGO.ORG.