

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**PAWS CHICAGO**

**36-4219778**

Name and title of officer

**PAULA FASSEAS  
CHAIRMAN**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |                              |
|---|--|------------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>17,856,964.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____              |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____              |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____              |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, line 3c) .....                                  | <b>5b</b> _____              |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **PORTE BROWN LLC** to enter my PIN **16660**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**1586446666**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

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)

**2017**  
Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>PAWS CHICAGO</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1997 N. CLYBOURN AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>CHICAGO, IL 60614</b><br><b>F</b> Name and address of principal officer: <b>PAULA FASSEAS</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>36-4219778</b><br><b>E</b> Telephone number<br><b>(773) 935-7297</b><br><b>G</b> Gross receipts \$ <b>23,621,607.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> 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   |  |  |
| <b>J</b> Website: ▶ <b>WWW.PAWSCHICAGO.ORG</b>   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>IL</b>  |

**Part I Summary**

|                                    |                |   |   |                    |
|------------------------------------|----------------|---|---|--------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>PAWS CHICAGO IS A NATIONAL MODEL IN NO KILL ANIMAL WELFARE, OFFERING ROBUST ADOPTION AND SPAY/NEUTER</b> |   |                    |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                    |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                      | <b>20</b>          |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                      | <b>20</b>          |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | <b>5</b>                                      | <b>207</b>         |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>6</b>                                      | <b>1308</b>        |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                     | <b>28,171.</b>     |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                                     | <b>0.</b>          |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | <b>14,359,856.</b>                            | <b>14,277,279.</b> |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>2,140,595.</b>                             | <b>2,071,074.</b>  |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>737,382.</b>                               | <b>2,369,995.</b>  |
| <b>12</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-810,097.</b>                              | <b>-861,384.</b>   |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>16,427,736.</b>                            | <b>17,856,964.</b> |
| <b>Expenses</b>                    | <b>13</b>      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>                                     | <b>0.</b>          |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                                     | <b>0.</b>          |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>6,156,927.</b>                             | <b>5,426,096.</b>  |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                                     | <b>0.</b>          |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>440,182.</b>   |   |                    |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>4,678,814.</b>                             | <b>4,204,465.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>10,835,741.</b>                            | <b>9,630,561.</b>  |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | <b>5,591,995.</b>                             | <b>8,226,403.</b>  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b>              | <b>End of Year</b> |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | <b>47,564,385.</b>                            | <b>58,627,941.</b> |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>723,558.</b>                               | <b>893,342.</b>    |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>46,840,827.</b>                            | <b>57,734,599.</b> |

**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.

|                               |  |   |                               |   |                          |
|-------------------------------|--|---|-------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>PAULA FASSEAS, CHAIRMAN</b><br>Type or print name and title | Date  |                               |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>GENEVRA KNIGHT</b>                                    | Preparer's signature<br><b>GENEVRA KNIGHT</b> | Date                          | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00363276</b> |
|                               | Firm's name ▶ <b>PORTE BROWN LLC</b>   | Firm's EIN ▶ <b>36-2663358</b>                | Phone no. <b>847-956-1040</b> |   |                          |
|                               | Firm's address ▶ <b>845 OAKTON STREET<br/>ELK GROVE VILLAGE, IL 60007</b>              |   |                               |   |                          |

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'S MISSION IS TO BUILD NO KILL COMMUNITIES, STARTING WITH A NO KILL CHICAGO; TO END PET OVERPOPULATION; AND TO TRANSFORM ANIMAL WELFARE BY SETTING HIGHER STANDARDS. SINCE ITS FOUNDING, THE NUMBER OF PETS KILLED EACH YEAR IN CHICAGO HAS BEEN REDUCED BY 87 PERCENT.

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 \$ 3,691,512. including grants of \$ ) (Revenue \$ 152,593. ) ANIMAL HEALTH & BEHAVIOR: COMMITTING TO THE LIFE OF EACH TREATABLE PET AND PROVIDING ALL MEDICAL TREATMENT AND BEHAVIORAL ENRICHMENT NEEDED TO OPTIMIZE HEALTH AND WELLBEING IS ONE OF THE MOST CRITICAL ELEMENTS OF NO KILL. BECAUSE OF 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 2017, PAWS CHICAGO HAD A 98.48 PERCENT SAVE RATE, EVEN WHILE TAKING IN A VULNERABLE POPULATION OF ANIMALS. THE MEDICAL CENTER THE FIRST STOP FOR HOMELESS ANIMALS WHEN THEY ARRIVE AT PAWS TREATS THE MOST SERIOUS CASES ONSITE. THE ORGANIZATION HAS CULTIVATED A ROBUST FOSTER NETWORK FOR PETS RECEIVING MORE SIMPLE TREATMENT. THE PAWS TRAINING & FOSTER CARE (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 1,899,631. including grants of \$ ) (Revenue \$ 867,056. ) PREVENTION & SPAY/NEUTER: PREVENTING UNWANTED PETS FROM BEING BORN IS KEY TO BUILDING A NO KILL CHICAGO. THE MAJORITY OF STRAY, FERAL AND UNWANTED PETS ORIGINATE IN LOW-INCOME, UNDER-RESOURCED COMMUNITIES. WITH THE PAWS CHICAGO LURIE CLINIC LOCATED IN LITTLE VILLAGE AND THE GUSMOBILE SPAY/NEUTER VAN, WHICH BRINGS LIFE-SAVING SOLUTIONS DIRECTLY TO NEIGHBORHOODS MOST IN NEED, PAWS CHICAGO PERFORMED 16,237 SPAY/NEUTER SURGERIES IN 2017. INCREASING SPAY/NEUTER OUTREACH AND MEETING PEOPLE WHO WOULD NEVER KNOW ABOUT PAWS CHICAGO'S SUPPORT AND RESOURCES IS THE KEY OBJECTIVE OF THE PAWS FOR LIFE OUTREACH EFFORTS. THE PRIMARY NEIGHBORHOOD OF FOCUS IS ENGLEWOOD, WHERE MORE THAN 49 PERCENT OF THE POPULATION LIVES BELOW THE POVERTY LINE. PAWS ACHIEVED SPAY/NEUTER CONVERSION RATE OF 83 PERCENT OF (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 1,768,841. including grants of \$ ) (Revenue \$ 1,051,425. ) ADOPTION: RESCUING HOMELESS PETS AND UNITING THEM WITH THEIR NEW FAMILIES IS AT THE FOREFRONT OF WHAT PAWS CHICAGO DOES ON A DAILY BASIS. THROUGH PAWS CHICAGO'S ADOPTION CENTERS, OFFSITE EVENTS AND INNOVATIVE PROGRAMMING, 5,371 ANIMALS FOUND LOVING HOMES IN 2017. THE PIPPEN FASSEAS ADOPTION CENTER IN LINCOLN PARK, WHICH OPENED IN 2007, REDEFINED ANIMAL SHELTERING AS THE FIRST CAGELESS, STATE-OF-THE-ART, NO KILL SHELTER IN THE MIDWEST. PAWS CHICAGO'S FIRST SATELLITE ADOPTION FACILITY, THE GLENN L. FELNER ADOPTION CENTER, LOCATED INSIDE THE HIGHLAND PARK PETCO, WAS RESPONSIBLE FOR 395 ADOPTIONS IN 2017. PAWS ALSO HOLDS INNOVATIVE ON-SITE ADOPTION EVENTS LIKE SPRING AND HOLIDAY ADOPT-A-THONS TO RAISE AWARENESS AND BRING IN THE COMMUNITY, RESULTING IN MORE LIVES SAVED. IN ADDITION, THROUGH (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,105,560. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,465,544.

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>X</b> |          |
| <b>3</b> 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> .....  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> 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> .....  |          | <b>X</b> |
| <b>5</b> 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> .....   |          | <b>X</b> |
| <b>6</b> 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> .....  |          | <b>X</b> |
| <b>7</b> 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> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>X</b> |          |
| <b>11</b> 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.   |          |          |
| <b>a</b> 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> .....   | <b>X</b> |          |
| <b>b</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> .....   |          | <b>X</b> |
| <b>c</b> 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> .....   |          | <b>X</b> |
| <b>d</b> 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> .....  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |          | <b>X</b> |
| <b>f</b> 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> .....  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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> ..... |          | <b>X</b> |
| <b>15</b> 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> .....   |          | <b>X</b> |
| <b>16</b> 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> .....   |          | <b>X</b> |
| <b>17</b> 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> .....   |          | <b>X</b> |
| <b>18</b> 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> .....   | <b>X</b> |          |
| <b>19</b> 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> .....   | <b>X</b> |          |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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  |
| <b>22</b> 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  |
| <b>23</b> 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   |    |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

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

Main form table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-headers like 'Organizations that may receive deductible contributions under section 170(c)' and 'Sponsoring organizations maintaining donor advised funds'.

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 in 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 in 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, or 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 in 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 (or 1024 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 in Schedule O)
19 Describe in 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: ALISA R. BRILL - (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PAULA FASSEAS<br>CHAIRMAN                | 30.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) PAM CAREY<br>PRESIDENT                   | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) ALEXIS FASSEAS<br>TREASURER              | 20.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) GEORGE KARCAZES<br>SECRETARY             | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) MARK DUGGAN, PROFESSOR<br>ADVISORY BOARD | 0.30  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) SUZANNE LEMIGNOT<br>ADVISORY BOARD       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JANICE BECK<br>BOARD MEMBER              | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) BARBARA BRADFORD<br>BOARD MEMBER         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MELISSA CANNING<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MICHAEL CANNING<br>BOARD MEMBER         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BRUCE CROWN<br>BOARD MEMBER             | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) CHARLES DAY<br>BOARD MEMBER             | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) LISA DENT<br>BOARD MEMBER               | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) PETER FASSEAS<br>BOARD MEMBER           | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) GLENN FELNER<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) RAJ FERNANDO<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) SONIA FLORIAN<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) SUZIE GLICKMAN<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) AMY MACK<br>BOARD MEMBER                                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) MAYARI PRITZKER<br>BOARD MEMBER                           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) DR. BARBARA ROYAL<br>BOARD MEMBER                         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) ROBERT SHERMAN<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) MARIA SMITHBURG<br>BOARD MEMBER                           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) MICHAEL SWEIG<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) KRISTIN PEARSON<br>CHIEF EXECUTIVE OFFICER                | 40.00   |   |                       | X       |              |                              |        | 164,127.   | 0.  | 873.  |
| (26) ALISA BRILL<br>CHIEF FINANCIAL OFFICER                    | 40.00   |   |                       | X       |              |                              |        | 137,726.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 301,853.   | 0.  | 873.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 638,976.   | 0.  | 16,582.   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 940,829.   | 0.  | 17,455.   |

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 **7**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | 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> | 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>                       |     | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| RWE MANAGEMENT, 16W361 S FRONTAGE RD, STE 106, BURR RIDGE, IL 60527            | CONSTRUCTION                   | 258,896.            |
| LAUTMAN MASKA NEILL, 1730 RHODE ISLAND AVE NW, SUITE 301, WASHINGTON, DC 20036 | FUNDRAISING & ENGAGEMENT       | 156,850.            |
| CROSSREALMS, INC. 20 W KINZIE ST FLOOR 17, CHICAGO, IL 60654                   | INFORMATION SYSTEMS            | 140,259.            |

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 **3**

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)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|---|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                      |   |   |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |                      |   |   |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 2,963,774.           |   |   |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |                      |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  |                      |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 11,313,505.          |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 2,542,911.           |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 14,277,279.          |   |   |  |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> ADOPTION FEES .....  | <b>Business Code</b><br>812900                                 | 1,051,425.           | 1,051,425.                                      |   |  |  |
|   | <b>b</b> LURIE CLINIC INCOME .....  | 541990   | 867,056.             | 867,056.  |   |  |  |
|   | <b>c</b> TRAINING CENTER .....  | 812900   | 151,343.             | 151,343.  |   |  |  |
|   | <b>d</b> ADMISSION CENTER .....   | 812900   | 1,250.               | 1,250.  |   |  |  |
|   | <b>e</b> .....  |  |                      |   |   |  |  |
|   | <b>f</b> All other program service revenue .....  |  |                      |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |  | 2,071,074.           |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 1,194,814.           |   |   | 1,194,814.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                      |   |   |  |  |
|   | <b>5</b> Royalties .....  |  |                      |   |   |  |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real   |                      |   |   |  |  |
|   |   | (ii) Personal  |                      |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |  |
|   |   | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |  |                      |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   |                      |   |   |  |  |
|   |   | (ii) Other   |                      |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      | 4,148,553.                                      |   |  |  |
|   |   | <b>c</b> Gain or (loss) .....                                  |                      | 1,175,181.                                      |   |  |  |
|   | <b>d</b> Net gain or (loss) .....   |  | 1,175,181.           |   |   | 1,175,181.   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 2,963,774. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 634,334.             |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>             | 1,569,260.                                      |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | -934,926.            |   |   | -934,926.  |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  | 35,758.  |                      |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   | 16,715.              |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  | 19,043.              |   |   | 19,043.  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  | 12,076.  |                      |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   | 30,115.              |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  | -18,039.             |   |   | -18,039.   |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> OTHER MISC REVENUE .....  |   | 900099   | 44,367.              |   |   | 44,367.  |  |
|   | <b>b</b> MAGAZINE ADVERTISING .....   | 541800   | 28,171.              |   | 28,171.                                 |  |  |
|   | <b>c</b> .....  |  |                      |   |   |  |  |
|   | <b>d</b> All other revenue .....  |  |                      |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |  | 72,538.              |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                               |   | 17,856,964.  | 2,071,074.           | 28,171.   | 1,480,440.                              |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....  | 302,726.              | 208,290.                        | 88,840.                                | 5,596.                      |
| 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 .....  | 4,405,669.            | 4,091,616.                      | 292,093.                               | 21,960.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits .....   | 353,769.              | 322,889.                        | 28,787.                                | 2,093.                      |
| 10 Payroll taxes .....  | 363,932.              | 332,051.                        | 29,730.                                | 2,151.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  |                       |                                 |  |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 664,335.              | 380,054.                        | 87,101.                                | 197,180.                    |
| 12 Advertising and promotion .....  | 12,614.               | 11,393.                         | 423.                                   | 798.                        |
| 13 Office expenses .....  | 230,286.              | 206,022.                        | 22,814.                                | 1,450.                      |
| 14 Information technology .....   |                       |                                 |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 188,333.              | 181,640.                        | 5,938.                                 | 755.                        |
| 17 Travel .....   | 61,945.               | 55,821.                         | 2,924.                                 | 3,200.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 10,993.               | 9,405.                          | 1,484.                                 | 104.                        |
| 20 Interest .....   |                       |                                 |  |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 492,948.              | 451,224.                        | 39,066.                                | 2,658.                      |
| 23 Insurance .....  | 52,532.               | 47,913.                         | 4,075.                                 | 544.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>MEDICAL SUPPLIES</b>   | 790,951.              | 790,951.                        |  |                             |
| b <b>TECHNOLOGY EXPENSE</b>   | 423,166.              | 296,452.                        | 94,798.                                | 31,916.                     |
| c <b>ANIMAL CARE SUPPLIES</b>   | 380,076.              | 380,076.                        |  |                             |
| d <b>PRINTING AND PRODUCTION</b>  | 328,397.              | 235,781.                        | 10,314.                                | 82,302.                     |
| e All other expenses _____  | 567,889.              | 463,966.                        | 16,448.                                | 87,475.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>9,630,561.</b>     | <b>8,465,544.</b>               | <b>724,835.</b>                        | <b>440,182.</b>             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  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)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 3,488,614.               | <b>1</b>    | 3,489,990.         |
|  | <b>2</b> Savings and temporary cash investments .....  | 3,113,619.               | <b>2</b>    | 1,221,849.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 2,004,190.               | <b>3</b>    | 2,290,800.         |
|  | <b>4</b> Accounts receivable, net .....  | 369,072.                 | <b>4</b>    | 1,012,881.         |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   | 142,183.                 | <b>8</b>    | 115,660.           |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 215,493.                 | <b>9</b>    | 329,784.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 16,402,052.   |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,254,466.    |             |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 12,024,957.              | <b>10c</b>  | 12,147,586.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 26,206,257.              | <b>11</b>   | 38,019,391.        |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>12</b>   |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>14</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 47,564,385.  | <b>15</b>                |             |                    |
| <b>17</b> Accounts payable and accrued expenses .....  | 566,427.   | <b>16</b>                | 58,627,941. |                    |
| <b>18</b> Grants payable .....   |  | <b>17</b>                | 724,684.    |                    |
| <b>19</b> Deferred revenue .....   | 157,131.   | <b>18</b>                |             |                    |
| <b>20</b> Tax-exempt bond liabilities .....  |  | <b>19</b>                | 168,658.    |                    |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |  | <b>20</b>                |             |                    |
| <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |  | <b>21</b>                |             |                    |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |  | <b>22</b>                |             |                    |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |  | <b>23</b>                |             |                    |
| <b>25</b> 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 .....                |  | <b>24</b>                |             |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 723,558.   | <b>25</b>                |             |                    |
| <b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                          |  | <b>26</b>                | 893,342.    |                    |
| <b>28</b> Unrestricted net assets .....  | 35,773,803.  |                          |             |                    |
| <b>29</b> Temporarily restricted net assets .....  | 6,852,147.   | <b>27</b>                | 43,410,693. |                    |
| <b>30</b> Permanently restricted net assets .....  | 4,214,877.   | <b>28</b>                | 8,389,610.  |                    |
| <b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |  | <b>29</b>                | 5,934,296.  |                    |
| <b>32</b> Capital stock or trust principal, or current funds .....   |  |                          |             |                    |
| <b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  | <b>30</b>                |             |                    |
| <b>34</b> Retained earnings, endowment, accumulated income, or other funds .....   |  | <b>31</b>                |             |                    |
| <b>33</b> Total net assets or fund balances .....  | 46,840,827.  | <b>32</b>                |             |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....   | 47,564,385.  | <b>33</b>                | 57,734,599. |                    |
|  |  | <b>34</b>                | 58,627,941. |                    |

**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  | 17,856,964. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 9,630,561.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 8,226,403.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 46,840,827. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 2,667,369.  |
| 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 in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 57,734,599. |

**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 _____<br>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? _____<br>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:<br><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? _____<br>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:<br><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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits _____   |     |    |

Form 990 (2017)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2013 | (b) 2014  | (c) 2015  | (d) 2016  | (e) 2017  | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 7254385. | 11609561. | 14979923. | 10334265. | 12759996. | 56938130. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 7254385. | 11609561. | 14979923. | 10334265. | 12759996. | 56938130. |
| <b>5</b> 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) ..... |          |           |           |           |           | 5106852.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |           |           |           |           | 51831278. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013 | (b) 2014  | (c) 2015  | (d) 2016  | (e) 2017  | (f) Total                |
|--|----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 7254385. | 11609561. | 14979923. | 10334265. | 12759996. | 56938130.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 577,388. | 863,778.  | 411,458.  | 605,225.  | 1194814.  | 3652663.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |           |           |           |           | 60590793.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |           |           |           | 12        |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 85.54 %                             |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....  | <b>15</b> | 90.17 %                             |
| <b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five 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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>   |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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 10b below.</i>   |     |    |
| <b>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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> |     |    |
| <b>2</b> 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>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> By reason of the relationship described in (2), 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>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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> |  |  |
| <b>b</b> Did the activities described in (a) 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>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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>Provide details in Part VI.</i>  |  |  |
| <b>b</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>   |  |  |

**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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 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                                       | <b>Distributable Amount.</b> 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 |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2017 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2017   |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b> From 2013   |                             |  |   |
| <b>c</b> From 2014   |                             |  |   |
| <b>d</b> From 2015   |                             |  |   |
| <b>e</b> From 2016   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2017 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2013  |                             |  |   |
| <b>b</b> Excess from 2014  |                             |  |   |
| <b>c</b> Excess from 2015  |                             |  |   |
| <b>d</b> Excess from 2016  |                             |  |   |
| <b>e</b> Excess from 2017  |                             |  |   |

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

|   |   |
|---|---|
| <b>Name of organization</b><br><br>PAWS CHICAGO | <b>Employer identification number</b><br><br>36-4219778 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 1,612,919.              | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 532,129.                | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ 385,125.                | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ 352,272.                | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |



|   |   |
|---|---|
| Name of organization<br><br><b>PAWS CHICAGO</b> | Employer identification number<br><br><b>36-4219778</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>PAWS CHICAGO</b> | Employer identification number<br><b>36-4219778</b> |
|---|---|

**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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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

2017

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 about 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, lines 2a-2d, and questions about monitoring, expenses, and reporting.

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 works of art and assets for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**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 are a 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 programs
  - 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                     | 25,296,830.      | 17,510,716.    | 13,478,832.        | 10,859,822.          | 7,283,370.          |
| b Contributions                                  | 7,724,181.       | 7,786,114.     | 4,031,884.         | 1,244,550.           | 837,336.            |
| c Net investment earnings, gains, and losses     |                  |                |                    | 1,374,460.           | 2,739,116.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 33,021,011.      | 25,296,830.    | 17,510,716.        | 13,478,832.          | 10,859,822.         |

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

- a Board designated or quasi-endowment  82.00 %
- b Permanent endowment  18.00 %
- c Temporarily restricted endowment  .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 3,874,619.                      |                              | 3,874,619.     |
| b Buildings  |                                      | 9,032,139.                      | 2,422,567.                   | 6,609,572.     |
| c Leasehold improvements   |                                      | 1,754,453.                      | 639,501.                     | 1,114,952.     |
| d Equipment  |                                      | 1,024,300.                      | 761,695.                     | 262,605.       |
| e Other  |                                      | 716,541.                        | 430,703.                     | 285,838.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 12,147,586.    |

**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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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 FIN 48 (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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 22,140,423. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 2,667,369.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 2,667,369.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 19,473,054. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -1,616,090. |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -1,616,090. |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 17,856,964. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 11,246,651. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 1,616,090.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 1,616,090.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 9,630,561.  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 9,630,561.  |

**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 2017 OR 2016. THE ORGANIZATIONS FEDERAL FORMS 990 AND 990-T FOR 2017, 2016, AND 2015 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. IN ADDITION, THE ORGANIZATIONS STATE FORMS AG990-IL AND IL990-T ARE SUBJECT TO EXAMINATION BY THE STATE TAX

**Part XIII** Supplemental Information (continued)

AUTHORITY FOR SIMILAR YEARS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -1,616,090.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 1,616,090.





**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<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|--------------------------------------|---------------------|--|------------|
|                 |  | FUR BALL<br>(event type)                                    | TEAM PAWS<br>CHICAGO<br>(event type) | 4<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 1,765,374.                           | 757,433.            | 1,075,301.   | 3,598,108. |
|                 | 2  | Less: Contributions   | 1,273,808.                           | 734,089.            | 955,877.   | 2,963,774. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 491,566.                             | 23,344.             | 119,424.   | 634,334.   |
| Direct Expenses | 4  | Cash prizes   |                                      |                     |  |            |
|                 | 5  | Noncash prizes  | 4,200.                               |                     | 14,000.  | 18,200.    |
|                 | 6  | Rent/facility costs   |                                      |                     |  |            |
|                 | 7  | Food and beverages  |                                      |                     |  |            |
|                 | 8  | Entertainment   |                                      |                     |  |            |
|                 | 9  | Other direct expenses                                       | 295,471.                             | 222,294.            | 1,033,295.   | 1,551,060. |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                      |                     |  | 1,569,260. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                      |                     | -934,926.  |            |

**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<br>bingo/progressive bingo                    | (c) Other gaming   | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|--|---|
|                 |  |   |   |  |   |
| Revenue         | 1  | Gross revenue   |   | 35,758.  | 35,758.   |
|                 | 2  | Cash prizes   |   |  |   |
| Direct Expenses | 3  | Noncash prizes  |   | 16,715.  | 16,715.   |
|                 | 4  | Rent/facility costs   |   |  |   |
|                 | 5  | Other direct expenses   |   |  |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |  | 16,715.   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |  | 19,043.   |

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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

|           | Yes | No       |
|-----------|-----|----------|
|           |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
|           |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
|           |     |          |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
|           |     |          |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
|           |     |          |
| <b>7</b>  |     | <b>X</b> |
|           |     |          |
| <b>8</b>  |     | <b>X</b> |
|           |     |          |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2017

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

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

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

| (A) Name and Title                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) KRISTIN PEARSON<br>CHEIF EXECUTIVE OFFICER | (i)  | 159,127.   | 5,000.                              | 0.                                  | 0.   | 873.                    | 165,000.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) JESSICA VON WALDAU<br>CHIEF VETERNARIAN    | (i)  | 176,486.   | 1,500.                              | 0.                                  | 0.   | 6,224.                  | 184,210.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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](http://www.irs.gov/Form990) for the latest information.

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

| Part I | Types of Property          |   |  |   |
|--------|----------------------------|---|--|---|
|        | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
| 1      |                            |   |  |   |
| 2      |                            |   |  |   |
| 3      |                            |   |  |   |
| 4      |                            |   |  |   |
| 5      |                            |   |  |   |
| 6      | X                          | 297   | 191,031.   | SELLING PRICE   |
| 7      |                            |   |  |   |
| 8      |                            |   |  |   |
| 9      | X                          | 41  | 1,732,915.   | FAIR MARKET VALUE   |
| 10     |                            |   |  |   |
| 11     |                            |   |  |   |
| 12     |                            |   |  |   |
| 13     |                            |   |  |   |
| 14     |                            |   |  |   |
| 15     |                            |   |  |   |
| 16     |                            |   |  |   |
| 17     |                            |   |  |   |
| 18     |                            |   |  |   |
| 19     | X                          | 75,944  | 281,287.   | COST  |
| 20     |                            |   |  |   |
| 21     |                            |   |  |   |
| 22     |                            |   |  |   |
| 23     |                            |   |  |   |
| 24     |                            |   |  |   |
| 25     | X                          | 645   | 337,678.   | FAIR MARKET VALUE   |
| 26     |                            |   |  |   |
| 27     |                            |   |  |   |
| 28     |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

|   | 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.   |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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:

PAWS CHICAGO'S LIFESAVING SUCCESS IS ROOTED IN THE NO KILL MODEL, WHICH  
CAN BE REPLICATED AND SCALED IN ANY COMMUNITY. THE FOUNDATION OF ALL  
LIFESAVING IS COMMUNITY ENGAGEMENT. BY RAISING AWARENESS ABOUT PET  
HOMELESSNESS AND ENGAGING PEOPLE IN LIFESAVING EFFORTS, WE CAN MAKE  
LASTING CHANGE FOR ANIMALS. PAWS CHICAGO'S MISSION-CRITICAL PROGRAMS-  
OUR NO KILL PILLARS OF PREVENTION, ADOPTION, ANIMAL HEALTH AND  
BEHAVIOR, AND VOLUNTEERS - SIT ATOP THIS FOUNDATION. THESE ARE THE  
ROBUST PROGRAMS THAT ARE ESSENTIAL TO BUILDING NO KILL COMMUNITIES

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

(CONTINUED FROM ANIMAL HEALTH & BEHAVIOR) CENTER IS HOME TO AN  
INNOVATIVE DOG TRAINING AND ENRICHMENT PROGRAMMING AND A HUB TO EXPAND  
GEOGRAPHIC REACH TO NEW FOSTER FAMILIES. THROUGH THIS CENTER, A TEAM OF  
BEHAVIOR PROFESSIONALS AND TRAINED VOLUNTEERS PROVIDE HOMELESS DOGS  
WITH ONE-ON-ONE AND GROUP TRAINING, AGILITY AND ENRICHMENT. EXPANDING  
THE MEDICAL CENTER: AS THE ANIMAL WELFARE MOVEMENT CONTINUES TO GROW IN  
CHICAGO, HEALTHY ANIMALS ARE BEING SAVED IN RECORD NUMBERS AT THE CITY  
POUND, WHICH MEANS THE POPULATION OF ANIMALS IN NEED OF RESCUE  
INCREASINGLY TENDS TO BE SPECIAL MEDICAL CASES, WITH ANIMALS REQUIRING  
ENHANCED RESOURCES TO TREAT. TO SAVE MORE LIVES, PAWS CHICAGO IS

LAUNCHING A MAJOR EXPANSION OF ITS MEDICAL CENTER AND SHELTER MEDICINE

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

Schedule O (Form 990 or 990-EZ) (2017)

|  |  |
|--|--|
| Name of the organization<br>PAWS CHICAGO | Employer identification number<br>36-4219778 |
|--|--|

PROGRAM TO INCREASE CAPACITY TO TAKE IN SICK AND INJURED ANIMALS.

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

(CONTINUED FROM PREVENTION & SPAY/NEUTER) ALL UNALTERED PETS THEY MET THROUGH THIS PROGRAM. PAWS CHICAGO'S FERAL CAT TRAP NEUTER RETURN (TNR) PROGRAM IS ANOTHER CRITICAL ASPECT OF THE TARGETED SPAY/NEUTER APPROACH. IT IS AIMED AT 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 SHELTERING SYSTEM EACH YEAR WHILE ALSO SAVING KITTENS AND FINDING THEM ADOPTIVE HOMES. IN 2017, PAWS PERFORMED 2,362 SPAY/NEUTER SURGERIES ON FERAL CATS. THESE PREVENTION EFFORTS ARE CRITICAL TO ENDING THE KILLING OF HOMELESS PETS, WITH THE ACHIEVEMENT OF AN 87 PERCENT REDUCTION IN KILLING SINCE 1997, PRIMARILY FROM FEWER PETS ENTERING SHELTERS.

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

(CONTINUED FROM ADOPTION) OFF-SITE ADOPTION EVENTS IN CHICAGO AND VARIOUS SUBURBAN LOCATIONS, THE ORGANIZATION BRINGS ADOPTABLE ANIMALS TO HIGH-TRAFFIC SHOPPING CENTERS AND RETAIL STORES WHERE PEOPLE WILL STOP, PLAY WITH THE ANIMALS AND THINK ABOUT ADOPTING.

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 2017, VOLUNTEERS DEDICATED 141,075 HOURS OF SERVICE, FULFILLING THE WORK OF 67 FULL TIME EMPLOYEES. AND THIS DOESN'T INCLUDE FOSTER FAMILIES WHO TOOK IN AND CARED FOR ANIMALS IN NEED. IN 2017, 2,667 ANIMALS WERE PLACED IN FOSTER CARE. IN ADDITION TO THE TIME THEY

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

COMMIT TO PAWS CHICAGO, VOLUNTEERS ARE ALSO AMBASSADORS, REACHING NEW PEOPLE AND ENGAGING NEW COMMUNITIES IN THE CAUSE OF HOMELESS ANIMALS THROUGH THEIR EVERYDAY INTERACTIONS.

EXPENSES \$ 1,105,560. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

LINE 2 EXPLANATION - 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) WILLIAM AND MARIA SMITHBURG ARE MARRIED. THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS;

4) BARBARA BRADFORD AND ROBERT SHERMAN ARE MARRIED. THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS.

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

LINE 11B EXPLANATION - 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

|  |  |
|--|--|
| Name of the organization<br>PAWS CHICAGO | Employer identification number<br>36-4219778 |
|--|--|

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 15A:  
THE CHAIRMAN OF THE BOARD AND PRESIDENT PERFORM AN ANNUAL COMPARISON OF PAWS CHICAGOS TOP MANAGEMENT COMPENSATION TO OTHER SIMILAR ORGANIZATIONS AND BY EVALUATING INDUSTRY STANDARDS. DURING THIS EVALUATION THE ROLES, EXPERIENCE, AND LEVEL OF EDUCATION ARE TAKEN INTO CONSIDERATION. THE PROCESS WAS DOCUMENTED.

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.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 58,627,941, D Employer identification number 36-4219778, E Unrelated business activity codes 541800, F Group exemption number, G Check organization type 501(c) corporation, H Describe the organization's primary unrelated business activity ADVERTISING, I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No, J The books are in care of ALISA R. BRILL Telephone number (773) 475-3301

Form header section including: C Book value of all assets at end of year 58,627,941, F Group exemption number, G Check organization type 501(c) corporation, H Describe the organization's primary unrelated business activity ADVERTISING, I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No, J The books are in care of ALISA R. BRILL Telephone number (773) 475-3301

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

**Part III Tax Computation**

|   |  |            |    |
|---|--|------------|----|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |  |            |    |
| <b>a</b>  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____     |            |    |
| <b>b</b>  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____ |            |    |
| <b>c</b>  | Income tax on the amount on line 34  | <b>35c</b> | 0. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |  | <b>36</b>  |    |
| <b>37 Proxy tax.</b> See instructions   |  | <b>37</b>  |    |
| <b>38 Alternative minimum tax</b>   |  | <b>38</b>  |    |
| <b>39 Tax on Non-Compliant Facility Income.</b> See instructions  |  | <b>39</b>  |    |
| <b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies   |  | <b>40</b>  | 0. |

**Part IV Tax and Payments**

|            |  |            |    |
|------------|--|------------|----|
| <b>41a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | <b>41a</b> |    |
| <b>b</b>   | Other credits (see instructions)   | <b>41b</b> |    |
| <b>c</b>   | General business credit. Attach Form 3800  | <b>41c</b> |    |
| <b>d</b>   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | <b>41d</b> |    |
| <b>e</b>   | <b>Total credits.</b> Add lines 41a through 41d  | <b>41e</b> |    |
| <b>42</b>  | Subtract line 41e from line 40   | <b>42</b>  | 0. |
| <b>43</b>  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>43</b>  |    |
| <b>44</b>  | <b>Total tax.</b> Add lines 42 and 43  | <b>44</b>  | 0. |
| <b>45a</b> | Payments: A 2016 overpayment credited to 2017  | <b>45a</b> |    |
| <b>b</b>   | 2017 estimated tax payments  | <b>45b</b> |    |
| <b>c</b>   | Tax deposited with Form 8868   | <b>45c</b> |    |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)   | <b>45d</b> |    |
| <b>e</b>   | Backup withholding (see instructions)  | <b>45e</b> |    |
| <b>f</b>   | Credit for small employer health insurance premiums (Attach Form 8941)   | <b>45f</b> |    |
| <b>g</b>   | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total   | <b>45g</b> |    |
| <b>46</b>  | <b>Total payments.</b> Add lines 45a through 45g   | <b>46</b>  |    |
| <b>47</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>47</b>  |    |
| <b>48</b>  | <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed  | <b>48</b>  | 0. |
| <b>49</b>  | <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  | <b>49</b>  | 0. |
| <b>50</b>  | Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | <b>50</b>  |    |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|           |  |     |    |
|-----------|--|-----|----|
| <b>51</b> | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| <b>52</b> | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |     | X  |
| <b>53</b> | Enter the amount of tax-exempt interest received or accrued during the tax year  |     |    |

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **CHAIRMAN** Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: GENEVRA KNIGHT  
 Preparer's signature: GENEVRA KNIGHT  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: P00363276  
 Firm's name: PORTE BROWN LLC  
 Firm's address: 845 OAKTON STREET, ELK GROVE VILLAGE, IL 60007  
 Firm's EIN: 36-2663358  
 Phone no.: 847-956-1040

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |   |     |    |  |
|----|---|----|--|---|--|---|-----|----|--|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....   | 6 |     |    |  |
| 2  | Purchases .....                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |     |    |  |
| 3  | Cost of labor .....                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | Yes | No |  |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  |   |  |   |     |    |  |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |  |   |     |    |  |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |  |   |     |    |  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                   |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)         | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b> .....   |   |  | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |  |  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
|                   |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b>     |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b>            |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b>                        |   | 0.  | 0.   |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) PAWS CHICAGO                           |                             |                             |  |                       |                     |   |
| (2) MAGAZINE                               | 28,171.                     | 12,587.                     |  | 0.                    | 64,195.             |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) |                             | 28,171.                     | 12,587.  | 15,584.               | 64,195.             | 15,584.   |



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income   | 3. Direct advertising costs   | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|-----------------------|---------------------|---|
| (1)                                      |   |   |  |                       |                     |   |
| (2)                                      |   |   |  |                       |                     |   |
| (3)                                      |   |   |  |                       |                     |   |
| (4)                                      |   |   |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>28,171.</b>  | <b>12,587.</b>  |  |                       |                     | <b>15,584.</b>  |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>28,171.</b><br><small>Enter here and on page 1, Part I, line 11, col. (A).</small> | <b>12,587.</b><br><small>Enter here and on page 1, Part I, line 11, col. (B).</small> |  |                       |                     | <b>15,584.</b><br><small>Enter here and on page 1, Part II, line 27.</small>      |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |  | <b>0.</b>  |

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2017

---

**PREPARED FOR:**

PAWS CHICAGO  
1997 N. CLYBOURN AVENUE  
CHICAGO, IL 60614

---

**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

---

**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

---

**AMOUNT OF TAX:**

|                              |    |   |
|------------------------------|----|---|
| TOTAL TAX                    | \$ | 0 |
| LESS: PAYMENTS AND CREDITS   | \$ | 0 |
| PLUS: OTHER AMOUNT           |    | 0 |
| PLUS: INTEREST AND PENALTIES | \$ | 0 |
| NO PAYMENT REQUIRED          | \$ |   |

---

**OVERPAYMENT:**

|                                |    |   |
|--------------------------------|----|---|
| CREDITED TO YOUR ESTIMATED TAX | \$ | 0 |
| OTHER AMOUNT                   | \$ | 0 |
| REFUNDED TO YOU                | \$ | 0 |

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

ILLINOIS DEPARTMENT OF REVENUE  
P.O. BOX 19009  
SPRINGFIELD, IL 62794-9009

---

**RETURN MUST BE MAILED ON OR BEFORE:**

DECEMBER 17, 2018

---

**SPECIAL INSTRUCTIONS:**

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

**FOR THE YEAR ENDING**  
DECEMBER 31, 2017

---

**PREPARED FOR:**

PAWS CHICAGO  
1997 N. CLYBOURN AVENUE  
CHICAGO, IL 60614

---

**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

---

**AMOUNT OF TAX:**

NO PAYMENT IS REQUIRED.

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUST BUREAU  
100 WEST RANDOLPH ST., 11TH FLOOR  
CHICAGO, IL 60601-3175

---

**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).  
NOTE: **TWO DISTINCT OFFICIALS** OF THE ORGANIZATION MUST SIGN.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

|       |       |
|-------|-------|
| PMT # | _____ |
| AMT   | _____ |
| INIT  | _____ |

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-038884**

**Report for the Fiscal Period:**

**Beginning** 01/01/2017

**& Ending** 12/31/2017  
 MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

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

Federal ID # 36-4219778

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created:

|   |                  |   |
|---|------------------|---|
| LEGAL NAME <b>PAWS CHICAGO</b>  | Year-end amounts |   |
| MAIL ADDRESS <b>1997 N. CLYBOURN AVENUE</b>   | A) ASSETS        | A) \$ <b>58,627,941.</b>                  |
| CITY, STATE <b>CHICAGO, IL</b>  | B) LIABILITIES   | B) \$ <b>893,342.</b>                     |
| ZIP CODE <b>60614</b>   | C) NET ASSETS    | C) \$ <b>57,734,599.</b>                  |
| <b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>   | PERCENTAGE       | AMOUNT                                    |
| D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   | <b>87.457 %</b>  | D) \$ <b>17,030,521.</b>                  |
| E) GOVERNMENT GRANTS & MEMBERSHIP DUES  | %                | E) \$                                     |
| F) OTHER REVENUES   | <b>12.543 %</b>  | F) \$ <b>2,442,533.</b>                   |
| G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   | 100 %            | G) \$ <b>19,473,054.</b>                  |
| <b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>   |                  |   |
| H) OPERATING CHARITABLE PROGRAM EXPENSE   | <b>75.272 %</b>  | H) \$ <b>8,465,544.</b>                   |
| I) EDUCATION PROGRAM SERVICE EXPENSE  | %                | I) \$                                     |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | <b>75.272 %</b>  | J) \$ <b>8,465,544.</b>                   |
| J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  |                  | \$  |
| K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   | %                | K) \$                                     |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | <b>75.272 %</b>  | L) \$ <b>8,465,544.</b>                   |
| M) MANAGEMENT AND GENERAL EXPENSE   | <b>6.445 %</b>   | M) \$ <b>724,835.</b>                     |
| N) FUNDRAISING EXPENSE  | <b>18.283 %</b>  | N) \$ <b>2,056,272.</b>                   |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   | 100 %            | O) \$ <b>11,246,651.</b>                  |
| <b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b><br>(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) |                  |   |
| <b>PROFESSIONAL FUNDRAISERS:</b>  |                  |   |
| P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   | 100 %            | P) \$ <b>0.</b>                           |
| Q) TOTAL FUNDRAISERS FEES AND EXPENSES  | %                | Q) \$                                     |
| R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  | %                | R) \$                                     |
| <b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>  |                  |   |
| S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |                  | S) \$ <b>0.</b>                           |
| <b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>  |                  |   |
| T) NAME, TITLE: <b>JESSICA VON WALDAU, CHIEF VETERNARIAN</b>  |                  | T) \$ <b>177,986.</b>                     |
| U) NAME, TITLE: <b>KRISTIN PEARSON, CEO</b>   |                  | U) \$ <b>164,127.</b>                     |
| V) NAME, TITLE: <b>ALISA BRILL, CFO</b>   |                  | V) \$ <b>137,726.</b>                     |
| <b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)<br>CODE CATEGORIES  |                  | List on back side of instructions<br>CODE |
| W) DESCRIPTION: <b>ANIMAL SHELTER, HUMANE SOCIETY, ETC.</b>   |                  | W) # <b>070</b>                           |
| X) DESCRIPTION:   |                  | X) #                                      |
| Y) DESCRIPTION:   |                  | Y) #                                      |

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

|  | YES | NO                                  |
|--|-----|-------------------------------------|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....  |     | <input checked="" type="checkbox"/> |
| 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....  |     | <input checked="" type="checkbox"/> |
| 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? ..... |     | <input checked="" type="checkbox"/> |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....  |     | <input checked="" type="checkbox"/> |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....  |     | <input checked="" type="checkbox"/> |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....   |     | <input checked="" type="checkbox"/> |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....   |     | <input checked="" type="checkbox"/> |
| 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____  |     |                                     |
| 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....   |     | <input checked="" type="checkbox"/> |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....   |     | <input checked="" type="checkbox"/> |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....   |     | <input checked="" type="checkbox"/> |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:<br><br><u>CHASE BANK, 935 W ARMITAGE CHICAGO IL 60614</u><br><br><u>BYLINE BANK, 2000 N. HALSTED STREET CHICAGO IL 60614</u><br><br><u>AMERITRADE, PO BOX 2209 OMAHA NE 68103-2209</u>  |     |                                     |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ALISA R. BRILL - (773) 475-3301</u>  |     |                                     |

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

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

**BE SURE TO INCLUDE ALL FEES DUE:**

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

**PAULA FASSEAS**

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**ALEXIS FASSEAS**

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**GENEVRA KNIGHT**

PREPARER (PRINT NAME)

SIGNATURE

DATE

# 2017 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

|  |  |
|--|--|
| If this return is not for calendar year 2017, enter your fiscal tax year here.<br>Tax year beginning _____ 20____, ending _____ 20____<br><small>month day year month day year</small><br>For tax years ending on or after December 31, 2017. For prior years, use the form for that year. | Enter the amount you are paying.<br>\$ _____ |
|--|--|

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.   
 Name: PAWS CHICAGO

**B** Enter your mailing address.  
 Check this box if either of the following apply:  
 • this is your **first return**, or  
 • you have an **address change**.   
 C/O: \_\_\_\_\_

Mailing address: 1997 N. CLYBOURN AVENUE

City: CHICAGO State: IL ZIP: 60614

**C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_\_ )  
mm dd yyyy

**D** Enter your federal employer identification no. (FEIN).  
36-4219778

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. ADVERTISING

**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.  
541800

### Step 2: Figure your base income or loss

(Whole dollars only)

|   |   |     |
|---|---|-----|
| 1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.<br><b>Attach</b> a copy of Page 1 of your U.S. Form 990-T. | 1 | .00 |
| 2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.   | 2 | .00 |
| 3 <b>Base income or loss.</b> Add Lines 1 and 2.  | 3 | .00 |

|             |  |
|-------------|--|
| <b>STOP</b> | <b>A</b> If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/> |
|             | <b>B</b> If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input type="checkbox"/>  |

### Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

|   |    |       |
|---|----|-------|
| 4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.         | 4  | .00   |
| 5 Business income or loss. Subtract Line 4 from Line 3.   | 5  | .00   |
| 6 Total sales everywhere. This amount cannot be negative.   | 6  | _____ |
| 7 Total sales inside Illinois. This amount cannot be negative.  | 7  | _____ |
| 8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).  | 8  | .     |
| 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.   | 9  | .00   |
| 10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 10 | .00   |
| 11 <b>Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.  | 11 | .00   |

### Step 4: Figure your net replacement tax

|   |   |    |       |
|---|---|----|-------|
| ▼ | 12 Net income or loss from Line 3 or Line 11.   | 12 | .00   |
| ▲ | 13 Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015). | 13 | .00   |
| ▲ | 14 Recapture of investment credits. <b>Attach</b> Schedule 4255.  | 14 | .00   |
| ▲ | 15 Replacement tax before investment credits. Add Lines 13 and 14.  | 15 | .00   |
| ▲ | 16 Investment credits. <b>Attach</b> Form IL-477.   | 16 | .00   |
| ▲ | 17 <b>Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter "0."             | 17 | 0 .00 |

Attach your payment and Form IL-990-T-V here.



**Step 5: Figure your net income tax**

|    |   |    |       |       |
|----|---|----|-------|-------|
| 18 | Net income or loss from Line 12.  | 18 | _____ | .00   |
| 19 | Income Tax. <b>See instructions for tax rate calculations.</b>                              |    |       |       |
|    | <b>Corporations:</b> Multiply Line 18 by the appropriate blended tax rate or enter the tax  |    |       |       |
|    | <b>Trusts:</b> from Schedule SA.  | 19 | _____ | .00   |
| 20 | Recapture of investment credits. <b>Attach</b> Schedule 4255.                               | 20 | _____ | .00   |
| 21 | Income tax before credits. Add Lines 19 and 20.   | 21 | _____ | .00   |
| 22 | Income tax credits. <b>Attach</b> Schedule 1299-D.  | 22 | _____ | .00   |
| 23 | <b>Net income tax.</b> Subtract Line 22 from Line 21. If the amount is negative, enter "0." | 23 | _____ | 0 .00 |

**Step 6: Figure your refund or balance due**

|    |   |     |       |     |
|----|---|-----|-------|-----|
| 24 | Net replacement tax from Line 17.   | 24  | _____ | .00 |
| 25 | Net income tax from Line 23.  | 25  | _____ | .00 |
| 26 | Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.  | 26  | _____ | .00 |
| 27 | <b>Total net income and replacement taxes and surcharge.</b> Add Lines 24, 25, and 26.  | 27  | _____ | .00 |
| 28 | Payments. See instructions.   |     |       |     |
|    | <b>a</b> Credit from prior year overpayments.   | 28a | _____ | .00 |
|    | <b>b</b> Total estimated payments.  | 28b | _____ | .00 |
|    | <b>c</b> Form IL-505-B (extension) payment.   | 28c | _____ | .00 |
|    | <b>d</b> Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T. | 28d | _____ | .00 |
|    | <b>e</b> Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.   | 28e | _____ | .00 |
| 29 | Total payments. Add Lines 28a through 28e.  | 29  | _____ | .00 |
| 30 | <b>Overpayment.</b> If Line 29 is greater than Line 27, subtract Line 27 from Line 29.  | 30  | _____ | .00 |
| 31 | Amount to be <b>credited forward.</b> See instructions.   | 31  | _____ | .00 |
| 32 | <b>Refund.</b> Subtract Line 31 from Line 30. This is the amount to be refunded.  | 32  | _____ | .00 |

**33 Complete to direct deposit your refund**

Routing Number \_\_\_\_\_  Checking or  Savings

Account Number \_\_\_\_\_

|    |   |    |       |     |
|----|---|----|-------|-----|
| 34 | <b>Tax Due.</b> If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.  | 34 | _____ | .00 |
|    | ▶ If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form. |    |       |     |

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

**Step 7: Sign below** - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

|                   |                                 |                             |                   |              |  |
|-------------------|---------------------------------|-----------------------------|-------------------|--------------|--|
| Sign Here         | Signature of authorized officer | Date (mm/dd/yyyy)           | Title             | CHAIRMAN     | <input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. |
|                   | PAID                            | GENEVRA KNIGHT              | GENEVRA KNIGHT    |              |  |
| Preparer Use Only | Print/Type paid preparer's name | Paid preparer's signature   | Date (mm/dd/yyyy) |              |  |
|                   | Firm's name ▶                   | PORTE BROWN LLC             | Firm's FEIN ▶     | 36-2663358   |  |
|                   | Firm's address ▶                | ELK GROVE VILLAGE, IL 60007 | Firm's phone ▶    | 847-956-1040 |  |

▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

